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ABSTRACT

The document reports results of a survey involving 4,427 community residential facilities (CRFs) for mentally retarded individuals. The report is divided into four major sections: Part I includes a review of the status of CRFs prior to the 1977 survey; Part II describes the methods and procedures used in conducting the survey; Part III presents results in terms of facility and resident characteristics; and Part IV summarizes survey results and discusses implications. Among findings were that the number of CRFs doubled between 1973 and 1977, thus verifying the impact of the deinstitutionalization movement; wide variations in facility size and the extent to which states use community living arrangements to serve mentally retarded people were two notable trends; severity of retardation and age of client served in CRFs varied across states, however, the most frequently identified resident in the nation was the young moderately and mildly retarded adult; and nationally, the average cost for residential care was $15.70 per day per resident which included costs of room, board, care, and personal items. Among appendixes are a copy of the survey questionnaire, materials used for mail followup, and information on phone followup procedures. (SBH)

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Richard Stanger began drawing about three years ago and displayed his first work at the University of Minnesota Special Education Program, Department of Psychoeducational Studies. Since that time, he has participated in the Very Special Arts Festival in Minnesota. An installation of Stanger's work will be exhibited at the Creative Growth Gallery in Oakland, California during January and February, 1980.

Mr. Stanger resides at home with his mother and attends the Dakota County Developmental Learning Center. The cover depicts his perception of "living in the community."

The Developmental Disabilities Project on Residential Services and Community Adjustment is conducting a nationwide study of mentally retarded persons in residential programs. Information is being collected on (a) the administrative and general characteristics of residential programs for mentally retarded individuals, (b) the behavioral and physical characteristics of mentally retarded people in residential programs, (c) factors related to admission of former residents of state residential facilities to community residential settings, and (d) community adjustment.

The Project is supported by a grant (54-P-71173/5-04) from the Bureau of Developmental Disabilities, Rehabilitation Services Administration, Office of Human Development Services, Department of Health, Education, and Welfare. Contractors undertaking such projects under government sponsorship are encouraged to express freely their professional judgment in the conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent official position of the Bureau of Developmental Disabilities.

DEVELOPMENTAL DISABILITIES PROJECT
ON RESIDENTIAL SERVICES AND
COMMUNITY ADJUSTMENT

Project Report No. 5

National Survey of Community Residential Facilities: A Profile of Facilities and Residents in 1977

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150 Pillsbury Drive S.E.
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Minneapolis, MN 55455

I think group homes are fine. We have recreation like baseball and kickball. The lunch is good. We get away from the home each weekday to attend the day program. Hearthside is a fine group home. We live by a lake and go swimming when the water is warm and the weather is nice. For recreation we go out for walks and see nature at its best like in June.

Raymond Hill

ABSTRACT

In 1977 a national mail survey of all community residential facilities (CRF) for mentally retarded persons throughout the United States was conducted by the Developmental Disabilities Project on Residential Services and Community Adjustment at the University of Minnesota. The results of 4,427 participating facilities are summarized in this report. Demographic information on facility size, location, ownership, and reimbursement rates are presented as well as general characteristics about the residents and trends in the movement of resident populations. The impact of the deinstitutionlization movement for mentally retarded persons was substantially verified by the results of this survey: between 1973 and 1977 the number of community residential facilities doubled. Wide variations in facility size and the extent to which states use community living arrangements to serve mentally retarded people were two notable trends confirmed by the survey results. Severity of retardation and age of client served in CRFs varied across states; however, the most frequently identified resident in the nation was the young moderately and mildly retarded adult. Nationally the average cost for residential care was $15.70 per day per resident. This figure included cost for room, board, care, and personal items.

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INTRODUCTION

During the past 12 years, dramatic changes have occurred in the nature of residential services for mentally retarded and other developmentally disabled people. Part of this change is reflected in the number and characteristics of retarded people living in publicly operated institutions (Lakin, 1979; Scheerenberger, 1978b). Figure 1 displays total population statistics for mentally retarded people in public institutions since 1880. From the peak year in 1967 until the present, a reduction of approximately 25% has occurred in the populations of our public institutions for the mentally retarded. The populations in state and county mental hospitals have changed even more dramatically, with a reduction of approximately 67% in the number of people in residences (Bassuk & Gerson, 1978). Reduction in the size of populations in state institutions is primarily due to increased releases, since the death rate and admission rate have remained relatively stable (Butterfield, 1976; Lakin, 1979; Scheerenberger, 1978b).

Statistical indications of movement in populations under long-term residential care provide only partial information on changes that occurred during the past several years. Changes in the size and composition of populations in publicly operated facilities have paralleled significant shifts in the ideology and approach as to human services generally (Bruininks, Thurlow, Thurman, & Fiorelli, in press). This shift in ideology and practice has emphasized integration of handicapped people into all aspects of community life. One indication of recent changes in services for handicapped people is reflected in the findings of this report on the development, status and

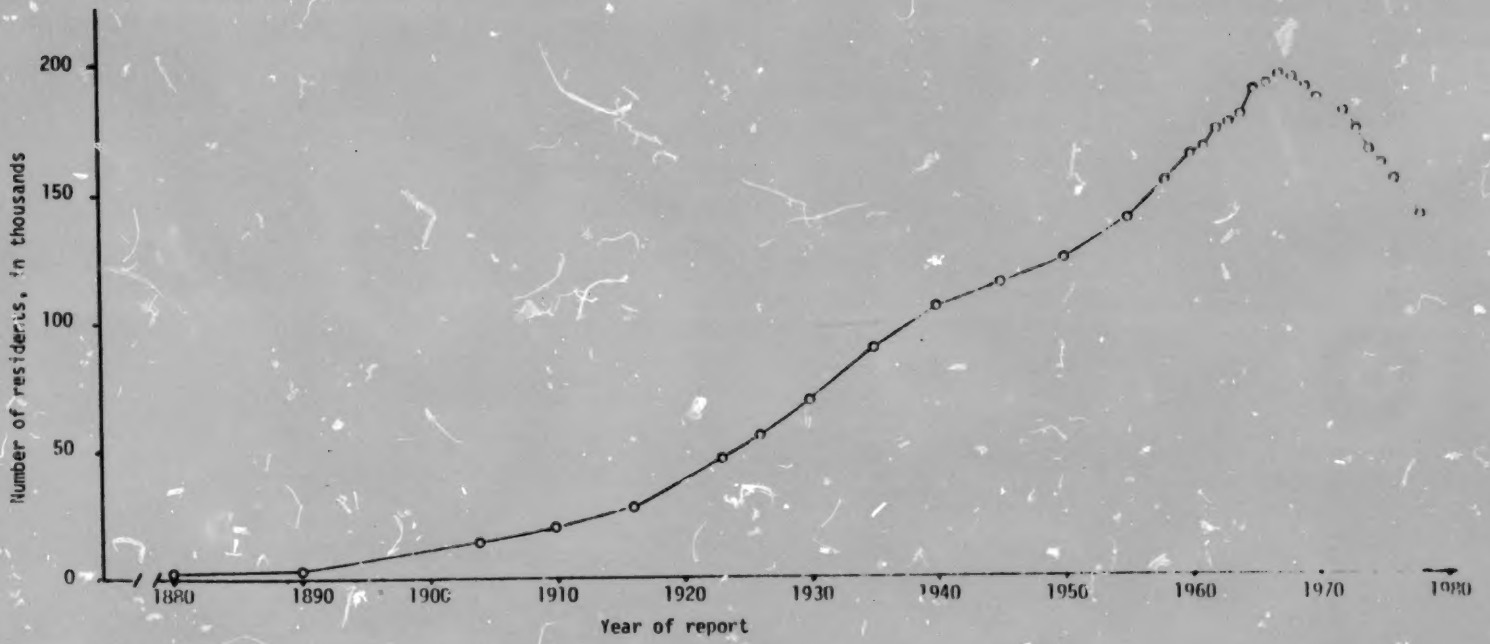

Figure 1. Total population of mentally retarded people in public institutions for the period 1880 to 1976 (Lakin, 1979, p. 71).

expansion of community based residential services for mentally retarded people.

The rapid acceleration of changes in services and programs for mentally retarded and other developmentally disabled people, particularly community based residential programs, have far outstripped our understanding of their current needs and situation. Federal and state planners and administrators are often required to make decisions for which they have incomplete information. This gap is caused by a rapid change in policy with regard to the treatment of developmentally disabled persons and the multiple administrative levels by which such policies are implemented. Effective planning and development of appropriate types of community service programs requires accurate information on the number of clients needing services and their functional characteristics. Despite widespread acceptance of the importance of accurate information in planning services, at the present time little is known about the characteristics of community residential facilities serving mentally retarded persons across the nation, or about the characteristics and needs of the residents who live in these facilities.

The Development Disabilities Project on Residential Services and Community Adjustment was initiated at the University of Minnesota in late 1976 for the purpose of providing local, state, and federal policy makers with information needed to improve the planning, management, and evaluation of residential and related community services for mentally retarded and developmentally disabled persons. Broadly construed, the information needed for proper national planning and evaluation of residential services can be categorized generally into four areas: (1) administrative characteristics such as costs, personnel practices, policies, and other factors, (2) resident

characteristics (demographic, physical, and behavioral) and service needs, (3) movement statistics, including factors related to first admission and readmission to residential facilities, and (4) the placement and adjustment of former residents of state operated residential facilities.

In order to meet these informational needs, the project work program has been organized into three data collection phases, as depicted in Figure 2 (Developmental Disabilities Project on Residential Services and Community Adjustment, 1978).

Phase I. National mail questionnaire census of all residential facilities that provide 24-hour, 7 days-a-week responsibility for residential services directed toward serving mentally retarded persons, and surveys of state statistical offices.

Phase II. An in-depth interview survey of a probability sample of residential facilities and residents including new admissions to community based and public residential facilities and readmissions and discharges from public residential facilities. This survey, completed in 1979, gathered detailed information on administrative characteristics and policies of facilities and detailed information on a probability sample of over 2,000 residents.

Phase III. A community follow-up study of persons discharged from state sponsored and administered residential facilities, scheduled for 1980.

It is the purpose of the present report to describe the Phase I national mail questionnaire census of community residential facilities. The results of

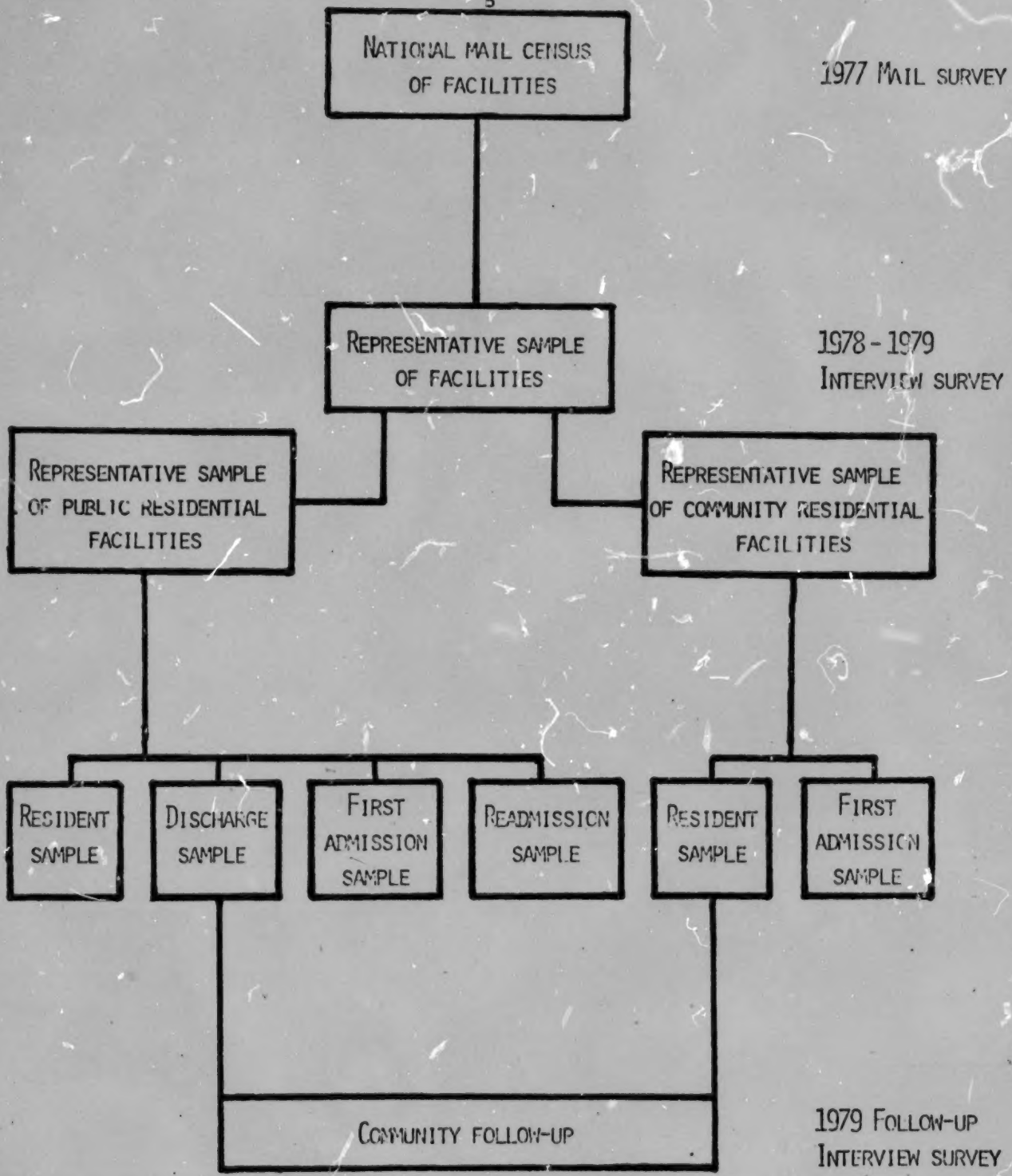

Figure 2. Developmental Disabilities Project on Residential Services and Community Adjustment 1976-1979 project activities.

the mail survey of public residential facilities and foster homes are reported elsewhere (Developmental Disabilities Project on Residential Services and Community Adjustment, 1979b; Bruininks, Hill, & Thorsheim, 1980; Scheerenberger, 1978a).

This report is divided into four major sections. Part I includes a review of the status of community residential facilities prior to the 1977 survey, followed in Part II by a comprehensive description of the methods and procedures used in conducting the 1977 survey. Results of the survey are presented in Part III under two major sections: (a) Facility Characteristics and (b) Resident Characteristics. The summary and major implications of the survey results are discussed in Part IV of this report.

I. STATUS OF COMMUNITY RESIDENTIAL SERVICES PRIOR TO 1977

Government supported and private residential services for the mentally retarded and other people with developmental disabilities have existed in the United States for over 100 years (Lakin, 1979; Wolfensberger, 1976). Most of the early residential institutions were large, multi-purpose facilities that provided all services--residential, care, and training--within a single setting. This tendency to consolidate services in one locale remained the model for institutional care of the mentally retarded for years.

The last two decades have witnessed major changes in services provided to persons who are mentally retarded (Mesibov, 1976; Nihira & Nihira, 1975; Nirje, 1976; Wolfensberger, 1972). Evolving social attitudes and changing governmental policies provided the impetus to reduce the populations of developmentally disabled individuals in public residential facilities and to relocate residents in smaller residential facilities within the community. Between 1960 and 1969, the United States experienced a population shift of over 30,000 mentally retarded persons from state operated institutions to community residences (Office of Mental Retardation Coordination, 1972; Lakin, 1979). The early seventies produced both legal and empirical support for the shift to community programs. Class action suits brought against particular institutions and governmental agencies resulted in policies emphasizing development of services in the least restrictive setting, thus directing institutions to reform and stimulating development of community alternatives (Halderman v. Pennhurst, 1977; PARC v. Pennsylvania, 1971; Welsch v. Likins, 1974; Wyatt v. Stickney, 1971). Some research studies also began to offer

empirical support for advantages of smaller living arrangements located in the community over the large institution as an approach to the care and training of the mentally retarded (Tizard, 1970).

These changes in approach toward residential care are expressions of a philosophy endorsing the normalization principle as a basis upon which to plan residential programs. Normalization according to Nirje (1976):

> Means making available to all mentally retarded people patterns of life and conditions of everyday living which are as close as possible to the regular circumstances and ways of life of society....normalization also means that if retarded persons cannot or should not any longer live in their family or own home, the homes provided should be of normal size and situated in normal residential areas, being neither isolated nor larger than is constant with regular mutually respectful or disinterested social interaction and integration. (pp. 231-232)

Parent associations, such as the National Association for Retarded Citizens, have been particularly forceful in promoting the normalization principle as the appropriate ideology for fostering respect in the treatment of mentally retarded individuals (Elkin, 1976; NARC, 1963). The National Association of Superintendents of Public Residential Facilities for the Mentally Retarded (1974) have also reflected an emphasis on the normalization principle in a policy statement describing deinstitutionalization:

> Deinstitutionalization encompasses three interrelated processes: (1) prevention of admission by finding and developing alternative community methods of care and training; (2) return to the community of all residents who have been prepared through programs of habilitation and training to function adequately in appropriate local setting; and (3) establishment and maintenance of a responsive residential environment which protects human and civil rights. (pp. 4-5)

Despite the large reductions in population of mentally retarded residents in public residential facilities (Lakin, 1979; Krantz, Bruininks, & Clumpner, 1978; Scheerenberger, 1978a, 1978b), very little research has been conducted

at the national level to describe the growth and characteristics of alternative community living arrangements. Examination of available literature indicates only two recent surveys of any national scope. O'Connor and Sitkei (1975) conducted a nationwide survey to identify all facilities meeting the following definition:

> any community based residential facility which operates 24 hours a day to provide services to a small group of mentally retarded and/or otherwise developmentally disabled who are presently or potentially capable of functioning in the community with some degree of independence. These living facilities may also be known as group homes, hostels, boarding houses, and halfway houses. (p. 35)

During the period 1972 to 1974, questionnaires were mailed to 3,582 facilities. A total of 611 facilities with over 8,000 mentally retarded residents fit the operational definition. The largest number of facilities, 37%, served 11 to 20 residents. Approximately 35% of the persons lived within homes with 10 or fewer people and 28% of the residents lived with more than 20 other people.

Nearly half of these 611 facilities were located in 6 states: Michigan (57), New York (52), Nebraska (48), California (47), Washington (46), and Minnesota (28) (O'Connor, 1976, p. 17). There were fewer than 8 facilities in 30 of the 50 states. O'Connor (1976) also conducted an indepth interview survey of a representative sample of the identified facilities.

During the same time period as the O'Connor and Sitkei (1975) study, Baker, Seltzer, and Seltzer (1974) sent 1,140 questionnaires to community residences. Baker and associates found 381 facilities in 1973 that fit the operational definition of a community facility: "opened more than 6 months, accommodated no more than 80 retarded adults, and regarded itself as an alternative to an institution" (p. 14).

Baker, Seltzer, and Seltzer developed 10 prototypic or types of residential service models. The largest number of facilities (35%) were serving ten or fewer retarded adults. Approximately 17% of the facilities served five or fewer retarded adults in foster family care.

Over three-fourths of all community residential facilities in the O'Connor and Sitkei study had been in existence for five years or less and nearly one-half had started within the two years prior to 1972. Of the 381 CRFs surveyed by Baker and associates in 1973, over one-half had started within the three years prior to 1973. Only one-quarter had been in operation five years or longer.

Both O'Connor et al. (1975) and Baker et al. (1974) reported that approximately equal numbers of males and females resided in community residences. Close to one-half of the residents were between 16 and 20 years of age in the O'Connor et al. study, while the average age of residents in the Baker et al. study was 35 years. O'Connor et al. found that the vast majority of residents were mentally retarded (89%), while 10% of those residents who were not retarded had other problems, primarily emotional impairment. Baker et al. reported most residents to be moderately retarded (42%) or mildly retarded (32%) with severe retardation reported at a much lower frequency (12%).

In both national surveys, it was found that over one-half of the residents had previously resided in an institution, while about one-third had moved directly from their own home.

II. METHODOLOGY

In this section is a detailed description of the procedures used in 1977 by the Developmental Disabilities Project on Residential Services and Community Adjustment in the survey of community residential facilities.

Development of the Community Residential Facility (CRF) Registry

There were two basic operations in the development of the CRF registry. First, an operational definition of a community residential facility was developed. Second, national and state agencies, organizations, and officials who could provide names and addresses of residential facilities serving the mentally retarded were contacted and state lists were obtained. These lists were then matched to eliminate duplicate names. This section describes how the CRF registry was developed in terms of these operations.

Definition of CRF. The survey included all facilities and homes throughout the United States which met the following definition of a community residential facility (CRF): Any community based living quarter(s) which provides 24-hour, 7 days-a-week responsibility for room, board, and supervision of mentally retarded persons as of June 30, 1977 with the exceptions of: (a) single family homes providing services to a relative; (b) nursing homes, boarding homes, and foster homes that are not formally state licensed or contracted as mental retardation service providers; and (c) independent living (apartment) programs which have no staff residing in the same facility. This larger category of community residential facility encompasses a wide range of alternative living arrangements outside the traditional publicly operated institution, as identified by the states. The registry definitely

excluded public residential facilities for mentally retarded persons, public institutions for mentally ill people, and correctional facilities. Terms such as community residences, community based facilities or community residential facilities are used loosely in the literature and in state regulations, and have no standardized operational meaning across states. Developmentally disabled persons in the "community" are living in a wide variety of placement settings called group homes, halfway houses, hostels, and sheltered villages. These arrangements widely vary in size, staff composition, age and disability of residents, and services provided. No standard classification system exists from state to state for the categorization of these residential facilities. It was decided, therefore, to include all facilities outside the public institution licensed (regulated, certified, approved) by the state that provided residential services to mentally retarded persons.

Procedures used in assembling the CRF registry. A complete list of all known eligible facilities serving mentally retarded people was compiled through several sources including: (a) all state Mental Retardation Coordinators; (b) State Associations for Retarded Citizens; (c) State Developmental Disabilities Councils; (d) Superintendents of Public and Private Residential Facilities; (e) the National Association of Private Residential Facilities; (f) licensing agencies; (g) individuals or agencies listed as contacts in past reports of Developmental Disabilities Office Annual Surveys of Institutions; and (h) the 1973 National Center for Health Statistics Master Facility Inventory of Inpatient Facilities for Mentally Retarded and a special 1977 update of the earlier listing provided by special request from the agency.

State information was found to be the most reliable, up-to-date source for the registry. Existing national lists such as the National Center for

Health Statistics Master Facility Inventory of Inpatient Facilities was found to grossly underrepresent the number of community residential facilities. State contacts were made in a systematic fashion. First, the National Association of Coordinators of State Programs for the Mentally Retarded was contacted to identify each State Mental Retardation Coordinator. Next, a telephone interview was conducted with each coordinator to determine the range of residential alternatives offered by each state. A listing was requested from each state office or an appropriate designee. In some instances, up to 10 different state administrators had to be contacted because of the number of involved licensing or regulating agencies.

Several problems were identified at this time. First, some states do not license mental retardation residential facilities and had no convenient way to identify them. Second, some states licensed all residential facilities under one license, usually health, and had no way to identify those that were for retarded people. Third, some states were on a regional system so that the state office had no comprehensive listing. Fourth, some states identified service providers, but not individual facilities or their locations. Last, due to the rapid, recent growth of the service system, many states had lists of facilities that were not current.

With only a few exceptions, state officials were very cooperative and assisted in solving each of the above problems. Several state coordinators provided computer printouts of facilities. In three instances, state coordinators conducted special computer generated listings that enabled them to identify facilities that provided residential services to retarded people even though the license did not differentiate mental health from mental retardation facilities. Several state coordinators simply did not have

existing lists of facilities, and assisted us by having office staff members prepare lists. In five states, project staff contacted each regional mental health/mental retardation center individually to obtain information. In seven states, approximately 300 individual provider agencies or state or local Associations for Retarded Citizens were contacted by mail to identify the members of the systems. In many states, public residential facilities were contacted to obtain lists of the community residential facilities.

The various state lists were collated and matched by visual inspection to remove duplications. This initial registry was then matched with the National Center for Health Statistics Master Facility Inventory and the membership list of the National Association of Private Residential Facilities. If the name or address was appreciably different on the two lists, a facility was listed as two separate entries. This procedure maximized coverage, but in some instances resulted in mailing more than one questionnaire to the same establishment.

The final registry contained the names and locations of 10,299 residential facilities. These addresses were transferred via a computer remote terminal to a computer disk for the preparation of mailing labels.

Questionnaire Development

The questionnaire was developed in three steps: (a) identification of pertinent issues and development of research questions; (b) translation of these issue areas into specific questionnaire items; and (c) pretesting and revision of the questionnaire.

To obtain a profile of the general characteristics of facilities, several pertinent issues were identified such as location, size, type, ownership, and

reimbursement rates. Demographic information such as age, level of retardation, and movement trends of the residents of the facilities were also important areas of concern. Before translating these issues into specific questionnaire items, several sources were reviewed to determine if existing instruments might be congruent with the purposes of the survey. Whenever feasible, items were included that had been tested before and yielded discriminating results in previous surveys conducted by the National Center for Health Statistics, the Biometry Section of the National Institute on Mental Health, Bureau of Developmental Disabilities, the Census Bureau, and surveys by private individuals. Attempts were also made to develop the instrument to maximize compatibility with federal agency surveys of other long-term care facilities.

The questionnaire underwent a number of revisions. In the first stage, the project staff along with experts in residential services participated in identifying and reviewing questions, content, and format of the questionnaire. In the second stage, a major review was conducted with the project's national advisory committee. In the third stage, a pretest of the instrument and procedures was conducted between May 13, 1977 and August 8, 1977 involving 28 residential facilities in three states, representing a wide range of types of community facilities. A letter describing the study, two questionnaires, and a self-addressed stamped envelope was mailed to the director of each of the pretest sites. Minor changes in format and content of the instrument were made following the pretest. Respondents in the pretest were contacted by phone after the final revision to verify that recommendations for changes and improvements had been satisfactorily accomplished.

As shown in Appendix A, the final questionnaire contained four separate sections. The first part of the questionnaire (Section A) pertained to the identification of the facility. This section was designed to obtain information that would assure facilities were properly represented in the registry and were listed only once. Name, mailing address, zip code, telephone number, and county were requested. Consistent cross-checking of these items kept duplication to a minimum and accuracy of the registry at a maximum.

Sections B and D pertained to general and administrative characteristics of the facility, while Section C pertained to demographic characteristics of the residents. Table 1 shows the research issue areas covered by each of these sections.

Table 1

Research Issue Areas Covered by the 1977 National Survey of Residential Facilities Questionnaire

Section B - Facility Information

1. Ownership
2. Type
3. Age of the Facility
4. Admission Criteria
5. Population Statistics

Section C - Resident Information

1. Parental Visits
2. Level of Retardation
3. Age
4. Movement
5. Previous Placement
6. Discharge Placement
7. Additional Handicaps
8. Specific Limitations

Section D - Administrative

1. Staffing Patterns
2. Reimbursement Rate
3. Major Problems

Data Collection Procedures

A summary of all data collection activities is shown in Table 2. The dates, materials and/or procedures utilized, and number of facilities involved is described for each activity listed.

Endorsement letters. Requests for endorsements from major organizations with an interest in community residential services were made during the spring of 1977. Letters received in response to these requests are shown in Appendix B. Both the National Association for Retarded Citizens and the President's Committee on Mental Retardation gave consent to cite them as supporters of the survey. The National Association of Private Residential Facilities for the Mentally Retarded distributed a letter to all its members encouraging participation in the survey.

Pre-letters. Pre-letters from the project director and the Office of Human Development (see Appendix C) were sent between August 8 and 12, 1977 to inform all potential CRFs that they would be receiving a questionnaire, describe the purpose of the survey, and urge participation in the study. A full explanation was given to describe how the project obtained the facility name and address.

Initial mailing. Two long form questionnaires (Appendix A) and a cover letter from the project director (Appendix D) restating the purpose of the survey and requesting cooperation from the facility director were sent to 10,271 facilities between August 19-24, 1977.

All questionnaires designated for New York family care homes were sent in one batch to the New York Department of Mental Hygiene, Division of Mental Retardation, where they were sorted and grouped by geographic region. Each group of questionnaires was forwarded to the chief of community services at

Table 2

Data Collection Procedures for 1977 National Survey of Community Residential Facilities

Activity	Date	Material(s)/Procedure(s)	No. of Facilities
Endorsements	May-June, 1977	1) National Association for Retarded Citizens (NARC) 2) President's Committee on Mental Retardation (PCMR) 3) National Association of Private Residential Facilities for the Mentally Retarded (NAPRFMR)	
Pre-letters	Aug. 8-12, 1977	1) HEW letter (D.D. Office, Office of Human Development of Department of Health, Education, & Welfare) 2) Project letter (Project Director) (Bulk Mail)	10,271
Initial mailing	Aug. 19-24, 1977	Two long form questionnaires Cover letter (Project Director) (Bulk Mail)	10,271
Follow-up #1	Sept. 2, 1977	Reminder postcard (1st Class)	9,043
Special follow-up	Sept. 8-19, 1977	Personal letter to facilities with more than 50 residents (1st Class)	428
Follow-up #2	Oct. 11-12, 1977	One long form questionnaire with project newsletter (1st Class)	5,525
Special follow-up	Oct. 24-Nov. 4, 1977	Personal phone calls to facilities with more than 75 mentally retarded residents	150
Follow-up #3	Nov. 17, 1977	Postcard attached to letter and short form questionnaire (1st Class)	4,198
Follow-up #4	Jan. 27, 1977	Phoning with short form questionnaire. (WATTS Line)	3,277
Ending date	Apr. 28, 1978		

each region's developmental center with a memorandum from Thomas Coughlin, New York Mental Retardation Program Director. See Appendix E for a copy of the memorandum. Completed questionnaires were returned to Mr. Coughlin's office, who forwarded them to Minnesota in batches according to developmental center. New York foster homes were never contacted directly by project staff. Each chief of community services for each developmental center was contacted by telephone and encouraged to make every effort to have questionnaires completed and returned.

Initial mailouts to many multiple systems (a single ownership which operates more than one facility) were mailed out in one package to the main office. In many instances, the system was willing to cooperate fully in responding to the survey but did not wish the project to directly contact the member facilities.

Mail follow-ups. On September 2, 1977 a reminder postcard was sent by first class mail to 10,271 facilities, thanking those who had already returned the questionnaire and asking those who had not had a chance to do so to return the completed questionnaire as soon as possible. Since the larger facilities would have to devote considerable time and effort in compiling the information requested on the questionnaire, a special letter was sent September 8-19, 1977 to facilities with more than 50 residents. This letter explained how information from their program was an important contribution toward the value of the survey.

A second major follow-up was conducted October 11-12, 1977, when a third long form questionnaire and a project newsletter were sent to nonresponding directors. The newsletter summarized the number of programs on the registry by size across states, referred readers to recent research findings and

publications of interest as well as describing our survey and asking directors to "Send in your survey today."

In the third and final mail follow-up procedure, a short form questionnaire and postcard requesting eligibility information was sent to 4,198 community facilities on November 17, 1977. Section A of the short form was identical to Section A of the original long form. Section B contained those items considered absolutely essential to describe facility and resident characteristics and build an adequate sample frame from which to select a national probability sample of CRFs for a later study. Issues covered in Section B are shown in Table 3. All mail follow-up materials are found in Appendix F.

Table 3

Research Issue Areas Covered by the Short Form Questionnaire
Section B

A.	Facility Characteristics
	1. Location
	2. Ownership
	3. Type
	4. Age of Facility
	5. Admission Criteria
	6. Population Statistics
	7. Reimbursement Rate
B.	Resident Characteristics
	1. Level of Retardation
	2. Age
	3. Movement
	4. Previous Placement

Phone follow-ups. A special phone follow-up of nonresponding facilities with more than 75 mentally retarded residents was conducted during October 24

through November 4, 1977. An attempt was made to determine why the directors had difficulty in completing the form received and to encourage them to answer short form information. The phone script used in making these calls is found in Appendix G.

It was anticipated that many eligible respondents would not complete the mail questionnaire although they would be willing to share the data the project was requesting. A fourth major follow-up of the 3,277 non-respondents was initiated January 27, 1978. Each non-respondent was contacted by phone and short form information was obtained by a structured telephone interview. A telephone script (see Appendix G) was developed to provide the interviewer with standards and rules in conducting the interview and answering questions about the project. All calls were made on WATTS lines from the project offices at the University of Minnesota.

Recruitment, training, and supervision of interviewers. Prospective interviewers were initially screened on the basis of two criteria: (a) direct experience in providing residential services to mentally retarded persons (i.e., direct care staff in a CRF) and (b) ability to function as a successful editor of both the long form and short form questionnaires. The 12 interviewers selected were provided with a period of intensive training which included: (a) mock interviews to acquaint the interviewer with the standard procedures of phone interviewing, the typical problems encountered as well as potentially difficult problems and suggested solutions; (b) observation of a trained interviewer conducting actual interviews; and (c) making actual calls with supervisor observation and immediate feedback.

Completed interview forms were reviewed for completeness daily. Close supervision made it possible to catch errors quickly and take corrective

measures, as well as provide support to the interviewing staff. In order to maximize efficiency at telephoning, interviews were scheduled for no more than two hour blocks of phoning time.

Rate of returns. The survey officially ended on April 28, 1978. The project had initially mailed questionnaires to 10,271 facilities. During the interim period 1,080 additional facilities were added (item 5b), making 11,351 the total number of CRFs surveyed. Table 4 shows the number and percent of questionnaires returned during each stage of data collection. The actual and cumulative weekly return rates related to data collection procedures are shown in Figures 3 and 4 respectively.

Response to the 1977 CRF Survey

Facility responses were classified into three major types of returns as described below.

In Scope

Facilities were In Scope if they met the operational definition of a Community Residential Facility.

Community Residential Facility (CRF)

Any community-based living quarter(s) which provides 24-hour, 7 days-a-week responsibility for room, board, and supervision of mentally retarded persons as of June 30, 1977 with the exceptions of (a) single family homes providing services to a relative; (b) nursing homes, boarding homes, and foster homes that are not formally state licensed or contracted as mental retardation service providers; and (c) independent living (apartment) programs which have no staff residing in the same facility.

Table 4

Number and Percent of Questionnaires Returned during Each Stage of Data Collection

Data Collection Procedure	Date	Questionnaires Mailed/Phones N	Questionnaires Returned to Date N	%	Cumulative Questionnaires Returned to Date N	%
Initial Mailing	August 19-24, 1977	10,271	96	.8	---	---
Follow-up #1 (Reminder Postcard)	September 2, 1977	9,043	2,786	24.3	2,882	25.1
Follow-up #2 (Long Form & Newsletter)	October 11-12, 1977		1,616	14.1	4,498	39.2
Follow-up #3 (Short Form & Postcard)	November 17, 1977		2,722	23.8	7,220	63.0
Follow-up #4 (Phoning of Short Form)	January 27, 1977-April 28, 1978	3,277	4,239	37.0	11,459[a]	100.0

[a]The total number of questionnaires returned (11,459) is slightly larger than the total number of facilities surveyed (11,351) because: (a) some facilities were surveyed more than once resulting in return of one questionnaire from the administrative office and one from the individual facility; and (b) intake procedures could not detect duplication of questionnaires if addresses were different.

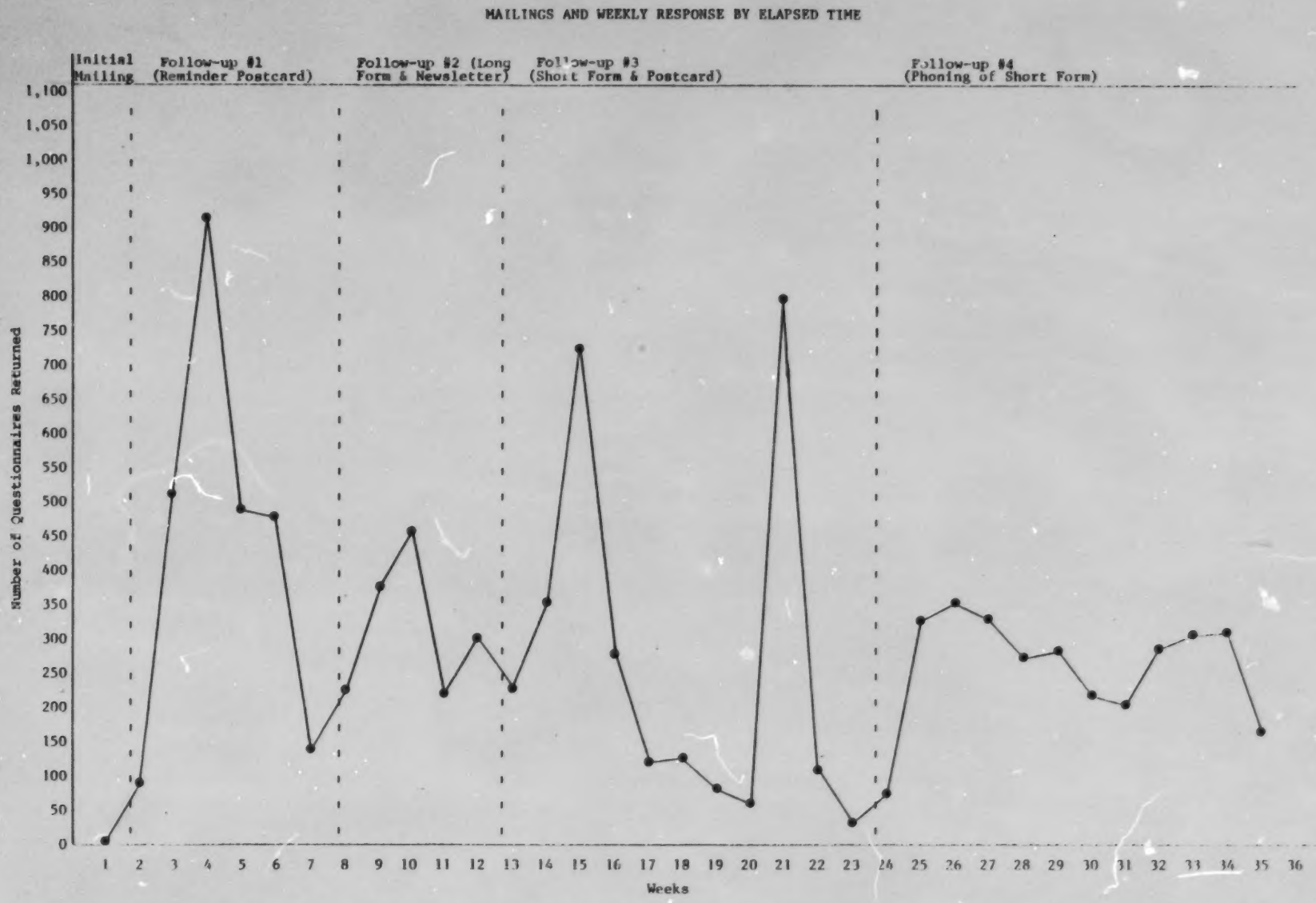

Figure 3. Number of questionnaires returned over time related to data collection procedures.

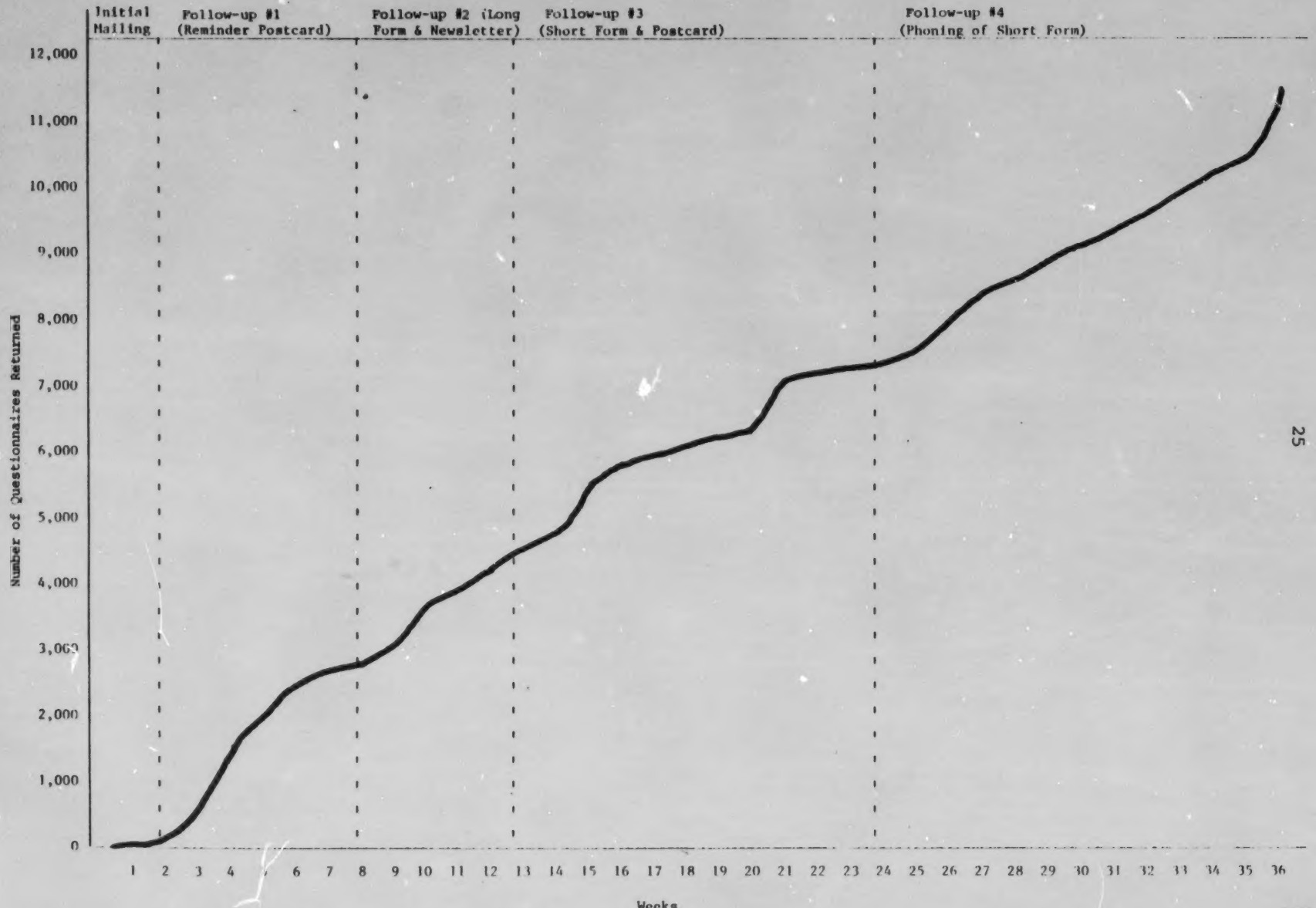

Figure 4. Cumulative response over time related to data collection procedures.

It includes a complex array of residential programs referred to under varying descriptive labels such as "group home," "hostel," "community residence," "boarding home," "sheltered care homes," "residential care facility," and "supervised apartment." Since foster homes differ considerably in organization and management from the other facilities included in the survey, it was decided to summarize information on them in a separate report (Bruininks, Hill, & Thorsheim, 1980). The term Foster Home (FH) refers to homes that are formally licensed or contracted by the state as mental retardation service providers.

Nonresponse

A nonresponse was either a refusal or unknown.

Refusal (R):

Respondent refused to cooperate in the survey, either in writing or by phone. These facilities do serve mentally retarded according to the state listings.

Unknown (Unk):

After multiple contacts (four mail follow-ups), respondent did not participate in the survey. These facilities do serve mentally retarded according to the state listings and the address exists according to the Post Office.

Out of Scope

Three types of facilities were classified as Out of Scope.

Duplicate Address (DA):

Duplicate listing for the same facility.

Not Eligible (NE):

Facilities/homes that did not fit our operational definition: "A facility or home that provides 24-hour, 7 days-a-week responsibility for room, board, and supervision for mentally retarded persons as of June 30, 1977."

For example:
a. Facilities with no retarded residents--serves mentally ill, elderly, alcoholics, etc.
b. Supervised apartment without 24-hour supervision.
c. Nursing home without ICF-MR certification.
d. Facility or residential school which operates only five days a week.
e. An administrative office or mailing address.

Not Deliverable (ND):

(1) Facilities/homes not in business, closed or facilities that were licensed but never opened as of June 30, 1977.
(2) Questionnaires returned by the Post Office as "Non-Deliverable," "Address Unknown," or "No Forwarding Address."
(3) Inability to reach by telephone follow-up.

In the analysis of the 1977 CRF Survey returns, a total of 6,400 (56.4%) facilities and homes were In Scope or fit our operational definition. Of that number, 4,427 (39.0%) were classified as community residential facilities and 1,973 (17.4%) were considered foster homes as shown in Table 5.

Table 5

Number and Percent of Questionnaires by Type of Return

Type of Return	N	%
Total	11,351	100.0
In Scope		
Community Residential Facilities	4,427	39.0
Foster Homes	1,973	17.4
Subtotal	6,400	56.4
Nonresponse		
Refusal	56	0.5
Unknown	1,191	10.5
Subtotal	1,247	11.0
Out of Scope		
Duplicate Address	369	3.3
Non-eligible	2,256	19.9
Not Deliverable	1,079	9.5
Subtotal	3,704	32.6

There were 1,246 (11.0%) Nonresponse facilities, of which only 56 (0.5%) verbally or in writing refused, while 1,190 (10.5%) questionnaires were not returned after four mailings and no phone listing was available.

Within 3,704 (32.7%) Out of Scope facilities, 369 (3.2%) were duplicate listings, 2,256 (19.9%) did not meet our definitional criteria, and 1,079 (9.5%) were not deliverable by the Post Office or not in business.

A detailed breakdown showing type of returns by type of facility (community residential facilities versus foster homes) for each state and for the U.S. is presented in Tables 6 and 7, respectively.

In calculating the response rate, all those facilities that were identified as Out of Scope were deleted. The Response Rate was derived by

Table 6

State Summary Status of 1977 CPF Survey Returns by Type of Facility

State	In Scope			Nonresponse						Out of Scope								
				Refusal			Unknown			Duplicate Address			Non-eligible			Not Deliverable		
	CRF	FH	T	CRF	FH	T	CRF	FH	T	CRF	FH	T	CRF	FH	T	CRF	FH	T
AL	17	3	20	2	-	2	2	-	2	-	-	-	2	-	2	-	-	-
AK	14	11	25	-	-	-	-	-	-	-	-	-	1	-	1	3	-	3
AZ	26	-	26	-	-	-	-	-	-	-	-	-	14	-	14	1	-	1
AR	16	-	16	-	-	-	1	-	1	-	-	-	2	-	2	-	-	-
CA	772	-	772	15	-	15	182	-	182	30	-	30	618	-	618	210	-	210
CO	72	-	72	-	-	-	3	-	3	5	-	5	12	-	12	16	-	16
CT	52	-	52	1	-	1	4	-	4	-	-	-	3	-	3	2	-	2
DE	6	53	59	-	-	-	-	-	-	-	-	-	-	-	-	-	39	39
DC	2	-	2	-	-	-	4	-	4	-	-	-	-	-	-	26	-	26
FL	172	36	208	2	-	2	24	-	24	9	-	9	24	-	24	16	-	16
GA	31	-	31	-	-	-	2	-	2	1	-	1	2	-	2	-	-	-
HI	59	8	67	-	-	-	6	4	10	2	-	2	4	2	6	6	-	6
ID	21	-	21	-	-	-	1	-	1	-	-	-	15	-	15	1	-	1
IL	147	18	165	-	-	-	14	-	14	15	-	15	199	-	199	30	3	33
IN	42	0	42	-	-	-	-	-	-	1	-	1	14	-	14	-	-	-
IA	45	-	45	-	-	-	1	-	1	4	-	4	11	-	11	3	-	3
KS	102	-	102	1	-	1	2	-	2	14	-	14	44	-	44	33	-	33
KY	18	-	18	-	-	-	1	-	1	5	-	5	203	-	203	6	-	6
LA	20	18	38	-	-	-	-	-	-	2	-	2	1	-	1	-	-	-
ME	46	-	46	1	-	1	2	-	2	-	-	-	3	-	3	8	-	8
MD	26	-	26	-	-	-	-	-	-	6	-	6	15	-	15	-	-	-
MA	157	-	157	-	-	-	4	-	4	37	-	37	42	-	42	15	-	15
MI	474	253	727	10	-	10	136	66	202	23	2	25	171	22	193	19	30	49
MN	176	-	176	-	-	-	7	-	7	9	-	9	11	-	11	8	-	8
MS	13	-	13	-	-	-	-	-	-	1	-	1	2	-	2	-	-	-
MO	193	113	306	1	-	1	52	48	100	7	-	7	167	36	203	53	89	142
MT	61	-	61	-	-	-	-	-	-	11	-	11	6	-	6	8	-	8
NE	87	-	87	-	-	-	5	-	5	3	-	3	25	-	25	1	-	1
NV	5	18	23	-	-	-	12	-	12	-	-	-	2	-	2	-	-	-
NH	18	-	18	1	-	1	-	-	-	-	-	-	7	-	7	4	-	4
NJ	84	75	159	8	-	8	15	23	38	3	-	3	54	11	65	11	10	21
NM	34	-	34	-	-	-	4	-	4	2	-	2	2	-	2	-	-	-
NY	167	1128	1295	-	3	3	2	466	468	22	7	29	51	56	107	15	195	210
NC	74	-	74	-	-	-	-	3	3	4	-	4	13	-	13	5	-	5
ND	12	-	12	-	-	-	-	-	-	1	-	1	1	-	1	2	-	2
OH	124	145	269	1	5	6	15	17	32	18	9	27	20	16	36	9	66	75
OK	7	-	7	-	-	-	1	-	1	1	-	1	5	-	5	3	-	3
OR	65	-	65	-	-	-	4	-	4	6	-	6	34	-	34	13	-	13
PA	354	9	363	4	-	4	25	-	25	42	-	42	74	-	74	38	-	38
RI	15	-	15	-	-	-	-	-	-	-	-	-	5	-	5	3	-	3
SC	27	36	63	-	-	-	-	-	-	5	-	5	8	-	8	3	-	3
SD	21	-	21	-	-	-	-	-	-	1	-	1	3	-	3	-	-	-
TN	84	11	95	-	-	-	-	-	-	14	1	15	17	-	17	4	-	4
TX	88	-	88	-	-	-	4	-	4	8	-	8	36	-	36	39	-	39
UT	14	16	30	-	-	-	13	-	13	1	-	1	3	-	3	6	-	6
VT	64	5	69	-	-	-	1	-	1	1	-	1	8	-	8	1	-	1
VA	51	-	51	-	-	-	2	-	2	6	-	6	16	-	16	3	-	3
WA	115	-	115	1	-	1	6	-	6	14	-	14	89	-	89	16	-	16
WV	9	-	9	-	-	-	-	-	-	4	-	4	3	-	3	2	-	2
WI	116	17	133	-	-	-	6	1	7	12	-	12	48	3	51	3	2	5
WY	12	-	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

CRF - Community Residential Facilities; FH - Foster Homes; T - Total

Note: State abbreviations in Appendix H.

Table 7

U.S. Total Summary Status of 1977 CRF Survey Returns by Type of Facility

	In Scope			Nonresponse						Out of Scope								
				Refusal			Unknown			Duplicate Address			Non-eligible			Not Deliverable		
	CRF	FH	T	CRF	FH	T	CRF	FH	T	CRF	FH	T	CRF	FH	T	CRF	FH	T
N	4,427	1,973	6,400	48	8	56	563	628	1,191	350	19	369	2,110	146	2,256	645	434	1,079
%	39.0	17.4	56.4	85.7	14.3	100.0	47.3	52.7	100.0	94.9	5.1	100.0	93.5	6.5	100.0	59.8	40.2	100.0

using In Scope figures as the numerator and In Scope plus Nonresponse figures as the denominator: Response Rate = $\left(\frac{\text{In Scope}}{\text{In Scope + Nonresponse}} \times 100\right)$

As shown in Table 8, Community Residential Facilities had 87.9% response rate; the Foster Home response rate was 75.6%; while the overall response rate for the mail survey of both facility types was 83.7%. Response rates per state are shown in Table 9.

Table 8

Response Rates for the 1977 CRF Mail Survey

CRF			FH			Overall		
In Scope	Nonresponse	Response Rate	In Scope	Nonresponse	Response Rate	In Scope	Nonresponse	Response Rate
4,427	611	87.9	1,973	636	75.6	6,400	1,247	83.7

Data Processing

As the questionnaires were received in Minneapolis, they were logged in through standardized receipt procedures and transmitted to editing for careful review by trained persons to ensure completeness, consistency (logical, conceptual and administrative), clarity, and readability. Specific written

Table 9

Response Rate by State

	Community Residential Facilities			Foster Homes		
	In Scope	Nonresponse	Response Rate	In Scope	Nonresponse	Response Rate
United States	4427	611	87.9	1973	636	75.6
AL	17	4	81.0	3	-	100.0
AK	14	-	100.0	11	-	100.0
AZ	26	-	100.0	-	-	-
AR	16	1	94.1	-	-	-
CA	772	197	79.7	-	-	-
CO	72	3	96.0	-	-	-
CT	52	5	91.2	-	-	-
DE	6	-	100.0	53	-	100.0
DC	2	4	33.3	-	-	-
FL	172	26	86.9	36	-	100.0
GA	31	2	93.9	-	-	-
HI	59	6	90.8	8	4	66.7
ID	21	1	95.5	-	-	-
IL	147	14	91.3	[illegible]	-	100.0
IN	42	-	100.0	-	-	-
IA	45	1	97.8	-	-	-
KS	102	3	97.1	-	-	-
KY	18	1	94.7	-	-	-
LA	20	-	100.0	18	-	100.0
ME	46	3	93.9	-	-	-
MD	26	-	100.0	-	-	-
MA	157	4	97.5	-	-	-
MI	474	146	76.5	253	66	79.3
MN	176	7	96.2	-	-	-
MS	13	-	100.0	-	-	-
MO	193	53	78.5	113	48	70.2
MT	61	-	100.0	-	-	-
NE	87	5	94.6	-	-	-
NV	5	12	29.4	18	-	100.0
NH	18	1	94.7	-	-	-
NJ	84	23	78.5	75	23	76.5
NM	34	4	89.5	-	-	-
NY	167	2	98.8	1128	469	70.6
NC	74	-	100.0	3	-	100.0
ND	12	-	100.0	-	-	-
OH	124	16	88.6	145	22	86.8
OK	7	1	87.5	-	-	-
OR	65	4	94.2	-	-	-
PA	354	29	92.4	9	-	100.0
RI	15	-	100.0	-	-	-
SC	27	-	100.0	36	-	100.0
SD	21	-	100.0	-	-	-
TN	84	-	100.0	11	-	100.0
TX	88	4	95.7	-	-	-
UT	14	13	51.9	16	-	100.0
VT	64	1	98.5	5	-	100.0
VA	51	2	96.2	-	-	-
WA	115	7	94.3	-	-	-
WV	9	-	100.0	-	-	-
WI	116	6	95.1	17	1	94.4
WY	12	-	100.0	-	-	-

editing and coding instructions were followed to (a) assure that the facility for which the questionnaire was completed was In Scope, (b) assure that the form contained information for one and only one facility which was properly identified, (c) detect inconsistencies or unreasonable entries, (d) detect missing information for key items (short form information), and (e) prepare the questionnaires so that all data could be keyed into a computer system directly from the questionnaire.

When key items were not completed, and/or incompatible combinations of information affecting key items were detected, the form was said to have "failed-edit." For example, it was not acceptable for a form to have missing information on the number of mentally retarded residents or to have incompatible information. Examples of incompatible information existed when the number of mentally retarded residents reported was greater than the number of total residents reported or the number of mentally retarded males and females was greater or less than the number of mentally retarded residents reported. Since it was necessary that accurate data be available for these items, all facilities with fail-edit status were phoned and asked to provide the missing information and/or clarify inconsistencies in the reported data. The number of fail-edits was very high (over 80%) and this phoning procedure was a massive undertaking.

Types of illogical and inconsistent responses on non-key items were recorded, described, and tallied. A staff review of these problems led to a decision to drop particular items from further data processing due to lack of validity of the information provided. A list of the long form questionnaire items eliminated from data entry is provided in Table 10 (see Appendix A for a copy of the long form).

Table 10

Questionnaire Items Eliminated from Data Entry on CRF Long Forms

10.	23.	27.a.
11.a.	24.	27.b.
11.b.	24.21.b.	28.a.
12.b.	24.21.c.	28.b.
14.	25.b.	29.b.
20.	26.	29.c.
21.	27.	29.d.

The questionnaire data were keyed onto Univac Key-to-disk system with 100% independent verification. This system was programmed to range check each data field to determine if an entry was "in range" and to check for some basic inconsistencies (i.e., number of mentally retarded residents must be equal or less than number of total residents), and row and column totals. Corrections of the improper entries detected were made in the keying process directly from the survey documents.

Once the computer tapes were developed, a 10% manual check comparing listed data from the tape with the actual codes from the questionnaires was conducted. This was followed by extensive computer edits intended to detect all remaining inconsistencies, unreasonable data and keying errors which were than corrected. The resulting computer tapes had no imputed data; missing information was left blank, and all zeros were entered directly.

To clarify for the reader what data were actually entered onto the computer files for community residential facilities, a listing of the data available on the long and short forms is presented in Tables 11 and 12.

Table 11

Data Available on Long Form Questionnaire

A. Facility Identification
   1. State
   2. County
   3. Date received

B. Type of Ownership
   1. Who operates your facility?
   2. Is your facility a member of a group of facilities operating under one general ownership?
   3. Is this facility operated for profit/non-profit?

C. Type of Facility
   1. Which of the following classification best describes your facility?

D. Location
   1. What kind of community is your facility located in?

E. Admission Criteria
   1. Minimum age accepted
   2. Maximum age accepted
   3. Maximum age a person may remain in your facility
   4. Males only accepted
   5. Females only accepted
   6. Both males and females accepted
   7. Do you accept residents who are not toilet trained?
   8. Do you accept residents who cannot work?
   9. Do you accept residents with behavioral problems?
   10. Must the resident be able to participate in training programs?
   11. Must the resident be capable of being employed?
   12. Must the resident be able to understand the spoken word?
   13. Do you accept severely or profoundly mentally retarded residents?

F. Population
   1. Licensed bed capacity
   2. Total number of residents
   3. Total number of mentally retarded residents
   4. Total number of male retarded residents
   5. Total number of female retarded residents

G. Level of Retardation
   1. Total number of borderline
   2. Total number of mild
   3. Total number of moderate
   4. Total number of severe
   5. Total number of profound
   6. Total number of unknown

Table 11 (continued-2)

Data Available on Long Form Questionnaire

H. Chronological Age
   1. Total number age 0-4
   2. Total number age 5-9
   3. Total number age 10-14
   4. Total number age 15-21
   5. Total number age 22-39
   6. Total number age 40-62
   7. Total number age 63+

I. Resident Movement
   1. Total number of deaths
   2. Total number of discharges
   3. Total number of readmissions
   4. Total number unsuccessful trial placements into your facility lasting 30 days or less (exclude respite care)
   5. Total number of new admissions
   6. Previous placement of new admissions July 1, 1976-June 30, 1977:
      a. Independent living
      b. Natural/adoptive home
      c. Foster home/family care home
      d. Group home/hostel
      e. Halfway house
      f. Boarding home
      g. Supervised apartment
      h. Community ICF - MR
      i. Correctional facility
      j. County home
      k. Work placement
      l. Nursing home
      m. Institution
      n. Unknown
      o. Other
   7. Placement of residents who left between July 1, 1976-June 30, 1977:
      a. Independent living
      b. Natural/adoptive home
      c. Foster home/family care home
      d. Group home/hostel
      e. Halfway house
      f. Boarding home
      g. Supervised apartment
      h. Community ICF - MR
      i. Correctional facility
      j. County home
      k. Work placement
      l. Nursing home
      m. Institution
      n. Unknown
      o. Other
      p. Total

Table 11 (continued-3)

Data Available on Long Form Questionnaire

J. Additional Handicaps
   1. Number of mentally retarded who are blind
   2. Number of mentally retarded who are deaf
   3. Number of mentally retarded who have epilepsy
   4. Number of mentally retarded who have cerebral palsy
   5. Number of mentally retarded who have behavior disorders
   6. Number of mentally retarded who are autistic-like
   7. Number of mentally retarded with two or more handicapping conditions in addition to mental retardation

K. Specific Limitations
   1. Number of mentally retarded residents who cannot walk without assistance
   2. Number of mentally retarded residents who cannot dress without assistance
   3. Number of mentally retarded residents who cannot eat without assistance
   4. Number of mentally retarded residents who cannot understand the spoken word
   5. Number of mentally retarded residents who cannot communicate verbally
   6. Number of mentally retarded residents who are not toilet trained

L. Parental Visits
   1. Approximately what percentage of your residents have parental visits at least once a year?

M. Staffing Pattern
   1. Primary staffing arrangement for direct care staff in your facility

N. Expenditures
   1. What was your average per diem (per day) cost?

O. Age of Facility
   1. When did your facility accept its first mentally retarded resident at its current address?

P. What are the major problems in operating and maintaining your facility?

Table 12

Data Available on Short Form Questionnaire

A. Facility Identification
   1. State
   2. County
   3. Date Received

B. Type of Ownership
   1. Who operates your facility?
   2. Is your facility a member of a group of facilities operating under one general ownership?
   3. Is this facility operated for profit/non-profit?

C. Type of Facility
   1. Which of the following classification best describes your facility?

D. Admission Criteria
   1. Minimum age accepted
   2. Maximum age a person may remain in your facility
   3. Do you accept severely or profoundly mentally retarded residents?

E. Population
   1. Licensed bed capacity
   2. Total number of residents
   3. Total number of mentally retarded residents
   4. Total number of male retarded residents
   5. Total number of female retarded residents

F. Level of Retardation
   1. Total number of borderline
   2. Total number of mild
   3. Total number of moderate
   4. Total number of severe
   5. Total number of profound
   6. Total number of unknown

G. Chronological Age
   1. Total number age 0-4
   2. Total number age 5-9
   3. Total number age 10-14
   4. Total number age 15-21
   5. Total number age 22-39
   6. Total number age 40-62
   7. Total number age 63+

H. Resident Movement
   1. Total number of deaths
   2. Total number of discharges
   3. Total number of readmissions
   4. Total number of new admissions
   5. Previous placement of new admissions July 1, 1976-June 30, 1977:
      a. Natural/adoptive home
      b. Foster home/family care home
      c. Institution
      d. Community residential facility
      e. Other

I. Age of Facility
   1. When did your facility accept its first mentally retarded resident at its current address?

J. Expenditures
   1. What was your average per diem (per day) cost per resident?

Limitations on Interpretation of the Survey Results

Respondents in a mail survey invariably do not answer all questions. In this survey estimates for the missing data were not supplied. Instead, cases were deleted for variables on a pairwise basis and percent reporting was faithfully documented for all results presented in this report. Table 13 presents the number of facilities reporting and the item response rate for each of the key items. Response rates for non key items ranged from 46% to 49% (based on a percent of 4,427 facilities).

Although project staff expended considerable effort to collect complete and accurate information, no survey is free from error. Therefore, the reader is asked to recognize the following potential sources of error:

(1) The survey was based on state identified (licensed, certified or regulated) facilities for the mentally retarded. Certain states may be serving a significant number of mentally retarded in generically licensed residential facilities such as nursing homes, county homes, or board-and-care homes. These generically licensed facilities were not included in the study.

(2) The data were collected by means of a self-reporting questionnaire and telephone interviews over an extended period of time. No estimates on the reliability of the response are available for either data collection method. For much of the data there are no sources from which to establish reliability, since very few states have efficient tracking systems monitoring the mentally retarded residents living in the community. Reliability may be higher for data collected by telephone interview. These respondents had an opportunity to request clarification of survey questions and were

Table 13

Number Reporting and Response Rate for Key Items

	Variable Name	Number Reporting Data	Response Rate (% of 4427)
1	ID Number	4427	100.00
2	State	4427	100.00
3	Date Received	4427	100.00
4	County	4427	100.00
5	Ownership	4417	99.77
6	Multiple Facility	4344	98.13
7	Profit/Non-profit	4285	96.77
8	Type of Facility	4427	100.00
9	Age of Facility	4293	96.97
10	Admission (minimum age)	3707	83.74
11	Admission (maximum remain)	1224	27.65
12	Admission (severe/prof.)	4349	98.24
13	Bed Capacity	4423	99.91
14	Total Residents	4413	99.68
15	Total Mentally Retarded Residents	4427	100.00
16	Total Male Mentally Retarded Residents	4347	98.19
17	Total Female Mentally Retarded Rsidents	4347	98.19
18	Borderline	4238	96.73
19	Mild	4238	95.73
20	Moderate	4238	95.73
21	Severe	4238	95.73
22	Profound	4238	95.73
23	Unknown	4238	95.73
24	Age (0-4)	4243	95.84
25	Age (5-9)	4243	95.84
26	Age (10-14)	4243	95.84
27	Age (15-21)	4243	95.84
28	Age (22-39)	4243	95.84
29	Age (40-62)	4243	95.84
30	Age (63+)	4243	95.84
31	Deaths	4287	96.84
32	Discharges	4250	96.00
33	Readmissions	4254	96.09
34	New Admissions	4239	95.75
35	Previous Placement (home)	4207	95.03
36	Previous Placement (foster)	4207	95.03
37	Previous Placement (institution)	4207	95.03
38	Previous Placement (CRF)	4207	95.03
39	Previous Placement (other)	4207	95.03
40	Per Diem	4078	92.12

provided with structured probing throughout the interview. It should be emphasized, however, that the painstaking editing and call-back procedures resulted in data of relatively high internal consistency, an important indicator of reliability.

(3) Respondents may interpret the questions in a way not intended, either because the item was unclear for them, or because of educational, cultural, or linguistic barriers.

(4) Some respondents did not have access to information for all persons living in the facility or were unable to recall pertinent facts. The grouping of residents by levels of retardation, in some cases, was based on subjective judgment due to lack of available records.

(5) Responses may be deliberately falsified, particularly in sensitive areas where the questions asked may arouse suspicions as to their intent (e.g., "Do you accept severely or profoundly mentally retarded persons?").

Some types of information are more difficult to collect than others. There are two prominent limitations of the cost data collected through a mail or telephone survey. First, the reimbursement rates reported cover the essentials of room and board in some facilities, while in other CRFs additional service components have been included. It was not possible to distinguish levels of service provision and their concomitant costs. Second, reimbursement rates differ between facilities in operation for several years and those that only recently began operation. Analysis of start-up costs as a contributing factor of rate differences could not be performed with a mail survey. Based upon a careful review of the survey results and various state reports, the average per diem cost information contained in this report are probably a

more accurate reflection of government reimbursements for services rather than an estimate of total costs.

III. RESULTS

This section provides an analysis of findings from the 1977 National Survey of Community Residential Facilities. A description of the facility characteristics is presented first, followed by a description of resident characteristics. Results for most variables are tabulated at three levels: national, regional, and state. Information reported by foster homes is not included in this section (see Braininks, Hill, & Thorsheim, 1980).

Facility Characteristics

Basic national findings of the 1977 survey on the number and general characteristics of community residential facilities are presented in Table 14. This table shows that the 4,427 responding facilities were serving 76,250 persons, 62,397 of whom were classified as mentally retarded, at a mean cost reimbursement rate of $15.70 per day.

Table 14

National Summary Data on Community Residential Facilities as of June 30, 1977

Number of Facilities	4,427
Licensed Bed Capacity	83,688
Total Number of Residents	76,250
Total Number of Mentally Retarded Residents	62,397
Average Daily Reimbursement Rate	$15.70

Geographic distribution. All states and the District of Columbia were represented in the survey. As shown in Table 15, 17 states plus the District

Table 15

Rank Order of States by the Number of CRFs
(United States, 1977, 100% CRFs Reporting)

	N
25 or Less Facilities	
District of Columbia	2
Nevada	5
Delaware	6
Oklahoma	7
West Virginia	9
North Dakota	12
Wyoming	12
Mississippi	13
Alaska	14
Utah	14
Rhode Island	15
Arkansas	16
Alabama	17
Kentucky	18
New Hampshire	18
Louisiana	20
Idaho	21
South Dakota	21
26 - 75	
Arizona	26
Maryland	26
South Carolina	27
Georgia	31
New Mexico	34
Indiana	42
Iowa	45
Maine	46
Virginia	51
Connecticut	52
Hawaii	59
Montana	61
Vermont	64
Oregon	65
Colorado	72
North Carolina	74
76 - 150	
New Jersey	84
Tennessee	84
Nebraska	87
Texas	88
Kansas	102
Washington	115
Wisconsin	116
Ohio	124
Illinois	147
151 or More Facilities	
Massachusetts	157
New York	167
Florida	172
Minnesota	176
Missouri	193
Pennsylvania	354
Michigan	474
California	772

of Columbia had 25 or fewer facilities, 16 states had 26 to 75 facilities, 9 states had 76 to 150 facilities, and 8 states had 151 or more facilities. California was the leader with 772 facilities, the majority of which were family care homes. Three states (California, Michigan, and Pennsylvania) accounted for over 36% of the total facilities surveyed. Figure 5 shows the geographic distribution nationally.

Table 16 presents the rank ordering of states by number of facilities and by number of mentally retarded residents served within these facilities. Differences in the two rank orderings, by number of facilities and by number of residents, are likely due to state variations in size regulations for community based facilities (Hill, Sather, Kudla, & Bruininks, 1978) in deinstitutionalization policies, and funding mechanisms providing for residential services. Certain states, such as Louisiana and Oklahoma, have few facilities but allowed large numbers of mentally retarded persons to live in these facilities. Other states, such as Hawaii and Vermont, have limited the size of their community facilities to four or fewer, so that they have large numbers of facilities relative to the number of residents.

The distribution of the number of facilities, total residents, and number of mentally retarded residents by state within federal region is shown in Table 17. On a national scale, the survey found 82% of the population of CRFs identified as mentally retarded. The CRF population identified as mentally retarded ranged from a low of 72% in Region X (Arkansas, Idaho, Oregon, Washington) to a high of 95% in Region VIII (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming). These differences may be due to regional differences in deinstitutionalization policies and use of generic classifications of facilities.

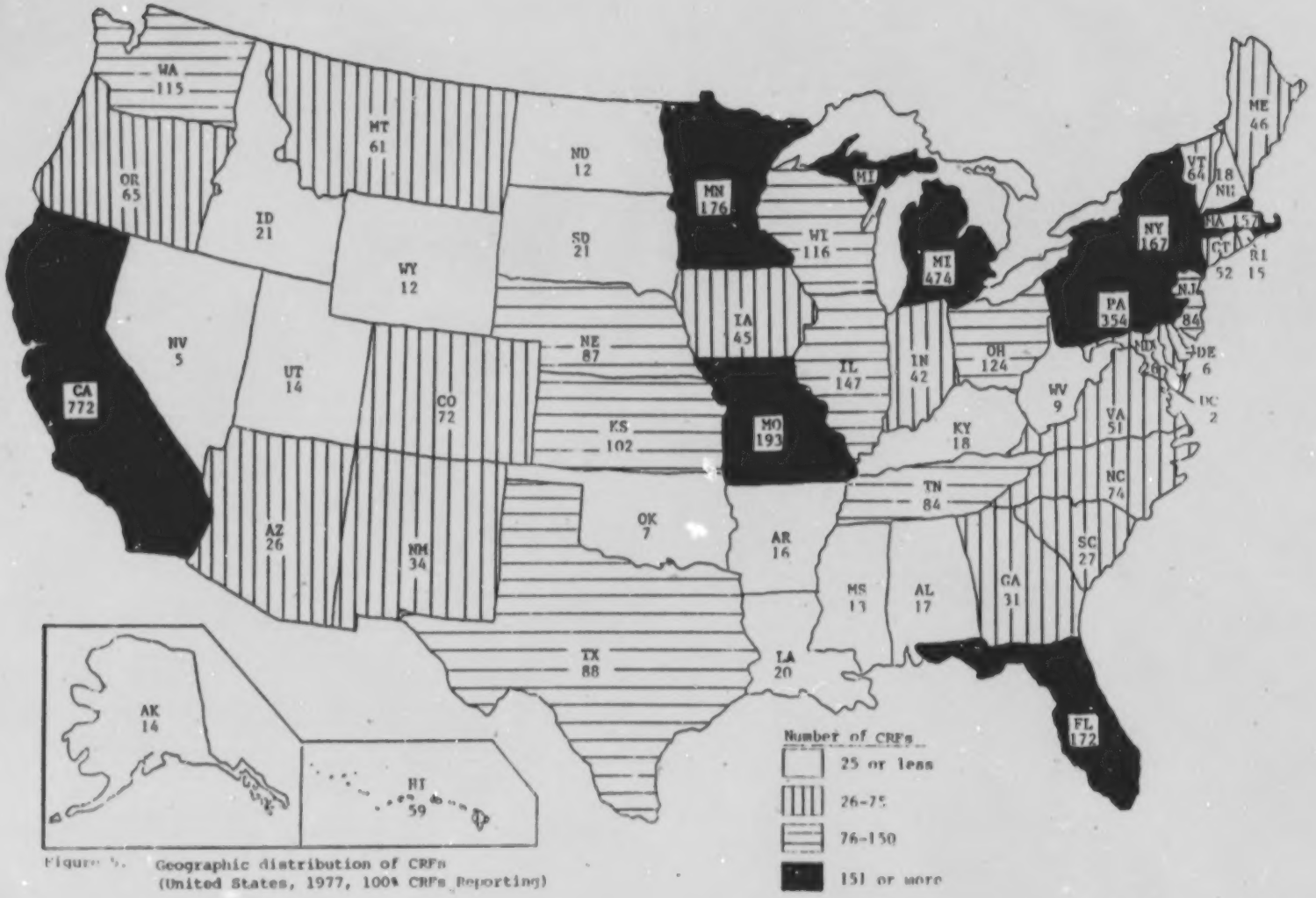

Figure 5. Geographic distribution of CRFs
(United States, 1977, 100% CRFs Reporting)

65

Table 16

Rank Order of States by the Number of Facilities and by the Number of Mentally Retarded Residents in CRFs (United States, 1977, 100% CRFs Reporting)

Facilities N	State	Persons N	State
772	California	6,870	California
474	Michigan	6,102	Pennsylvania
354	Pennsylvania	6,076	Illinois
193	Missouri	4,126	Michigan
176	Minnesota	3,314	New York
172	Florida	3,140	Minnesota
167	New York	2,663	Missouri
157	Massachusetts	2,485	Ohio
147	Illinois	2,342	Florida
124	Ohio	2,280	Texas
116	Wisconsin	2,084	Wisconsin
115	Washington	1,848	Massachusetts
102	Kansas	1,550	Washington
88	Texas	1,256	Louisiana
87	Nebraska	1,150	Iowa
84	New Jersey	1,089	Kansas
84	Tennessee	950	Kentucky
74	North Carolina	947	Connecticut
72	Colorado	937	Nebraska
65	Oregon	903	Tennessee
64	Vermont	848	Colorado
61	Montana	811	Oregon
59	Hawaii	789	New Jersey
52	Connecticut	643	North Carolina
51	Virginia	629	Maine
46	Maine	584	Oklahoma
45	Iowa	508	Virginia
42	Indiana	479	Indiana
34	New Mexico	438	Montana
31	Georgia	412	Utah
27	South Carolina	374	Maryland
26	Maryland	354	Mississippi
26	Arizona	343	Arizona
21	South Dakota	310	South Carolina
21	Idaho	306	Georgia
20	Louisiana	266	Idaho
18	Kentucky	260	South Dakota
18	New Hampshire	220	Vermont
17	Alabama	215	Arkansas
16	Arkansas	207	Alabama
15	Rhode Island	206	New Mexico
14	Alaska	185	North Dakota
14	Utah	181	Rhode Island
13	Mississippi	177	Hawaii
12	Wyoming	119	Alaska
12	North Dakota	105	New Hampshire
9	West Virginia	101	Wyoming
7	Oklahoma	89	Delaware
6	Delaware	67 56	West Virginia
5	Nevada	40	District of Columbia
2	District of Columbia	30	Nevada
4,427	United States Total	62,397	United States Total

Table 17

Number of Facilities, Residents, and Mentally Retarded Residents
(United States, 1977, 100% CRFs Reporting)

Region/State	Facilities	Total Residents	Mentally Retarded Residents
U.S. Total	4,427	76,250	62,397
Region I	352	4,359	3,930
Connecticut	52	954	947
Maine	46	777	629
Massachusetts	157	2,002	1,848
New Hampshire	18	169	105
Vermont	64	271	220
Rhode Island	15	186	181
Region II	251	5,395	4,103
New Jersey	84	1,812	789
New York	167	3,583	3,314
Region III	448	7,738	7,169
Delaware	6	104	89
Maryland	26	381	374
Pennsylvania	354	6,576	6,102
Virginia	51	581	508
West Virginia	9	56	56
Washington, DC	2	40	40
Region IV	436	7,095	6,015
Alabama	17	479	207
Florida	172	2,968	2,342
Georgia	31	342	306
Kentucky	18	974	950
Mississippi	13	375	354
North Carolina	74	652	643
South Carolina	27	312	310
Tennessee	84	993	903
Region V	1,079	23,632	18,390
Illinois	147	8,476	6,076
Indiana	42	566	479
Michigan	474	5,952	4,126
Minnesota	176	3,289	3,140
Ohio	124	2,707	2,485
Wisconsin	116	2,642	2,084
Region VI	165	5,724	4,541
Arkansas	16	232	215
Louisiana	20	1,301	1,256
New Mexico	34	245	206
Oklahoma	7	584	584
Texas	88	3,362	2,280
Region VII	427	7,047	5,839
Iowa	45	1,318	1,150
Kansas	102	1,215	1,089
Missouri	193	3,538	2,663
Nebraska	87	976	937
Region VIII	192	2,374	2,244
Colorado	72	854	848
Montana	61	454	438
North Dakota	12	199	185
South Dakota	21	263	260
Utah	14	503	412
Wyoming	12	101	101
Region IX	862	9,089	7,420
Arizona	26	372	343
California	772	8,426	6,870
Hawaii	59	254	177
Nevada	5	37	30
Region X	215	3,797	2,746
Alaska	14	127	119
Idaho	21	314	266
Oregon	65	995	811
Washington	115	2,361	1,550

In general, the most populated states have the largest number of mentally retarded residents in CRFs. Table 18 presents by state within federal region the general population, the mentally retarded population in CRFs, and the rate of mentally retarded residents per 100,000 of the civilian population (Civilian population figures are taken from the United States Department of Commerce, Bureau of the Census, Population Estimates and Projections, Series P-25, No. 727, 1978).

During 1977 approximately 29 of every 100,000 U.S. citizens were placed in community residences for the mentally retarded. When the states are placed in rank order according to per capita rate of placement as in Figure 6, Minnesota had the highest per capita rate of placements in community residences with approximately 79 of every 100,000 people placed in community residences. In contrast, West Virginia with a 3.0 rate placed approximately 3 of every 100,000 people in community residences for the mentally retarded.

The 1977 National Survey long form questionnaire asked respondents to indicate the size of community where the facility was located. There was considerable variation in location as shown in Figure 7. Of the facilities reporting, over one-third were located in cities with a population range of 2,500 to 49,999.

Table 18

Per Capita Rate of Mentally Retarded Residents in CRFs per 100,000 General Population
by Federal Region and State
(United States, 1977, 100% CRFs Reporting)

	General Population (in thousands)	Mentally Retarded Residents	Rate of MR Residents per 100,000
U.S. Total	216,330	62,397	28.84
Region I	12,242	3,930	32.10
Connecticut	3,108	947	30.47
Maine	1,085	629	57.97
Massachusetts	5,782	1,848	31.96
New Hampshire	849	105	12.37
Rhode Island	935	181	19.36
Vermont	483	220	45.55
Region II	25,253	4,103	16.25
New Jersey	7,329	789	10.77
New York	17,924	3,314	18.49
Region III	24,190	7,169	29.64
Delaware	582	89	15.29
Maryland	4,139	374	9.04
Pennsylvania	11,785	6,102	51.78
Virginia	5,135	508	9.89
West Virginia	1,859	56	3.01
Washington, D.C.	690	40	5.80
Region IV	35,737	6,015	16.80
Alabama	3,690	207	5.61
Florida	8,452	2,342	27.71
Georgia	5,048	306	6.06
Kentucky	3,458	950	27.47
Mississippi	2,389	354	14.82
North Carolina	5,525	643	11.64
South Carolina	2,876	310	10.78
Tennessee	4,299	903	21.00
Region V	45,031	18,390	40.84
Illinois	11,245	6,076	54.03
Indiana	5,330	479	8.99
Michigan	9,129	4,126	45.20
Minnesota	3,975	3,140	78.99
Ohio	10,701	2,485	23.22
Wisconsin	4,651	2,084	44.81
Region VI	22,896	4,541	19.82
Arkansas	2,144	215	10.03
Louisiana	3,921	1,256	32.03
New Mexico	1,190	206	17.31
Oklahoma	2,811	584	20.78
Texas	12,830	2,280	17.77
Region VII	11,567	5,839	50.48
Iowa	2,879	1,150	39.94
Kansas	2,326	1,089	46.82
Missouri	4,801	2,663	55.47
Nebraska	1,561	937	60.03
Region VIII	6,396	2,244	35.09
Colorado	2,619	848	32.38
Montana	761	438	57.56
North Dakota	653	185	28.33
South Dakota	689	260	37.74
Utah	1,268	412	32.49
Wyoming	406	101	24.88
Region IX	25,720	7,420	28.85
Arizona	2,296	343	14.94
California	21,896	6,870	31.38
Hawaii	895	177	19.78
Nevada	633	30	4.74
Region X	7,298	2,746	37.62
Alaska	407	119	29.24
Idaho	857	266	31.04
Oregon	2,376	811	34.13
Washington	3,658	1,550	42.37

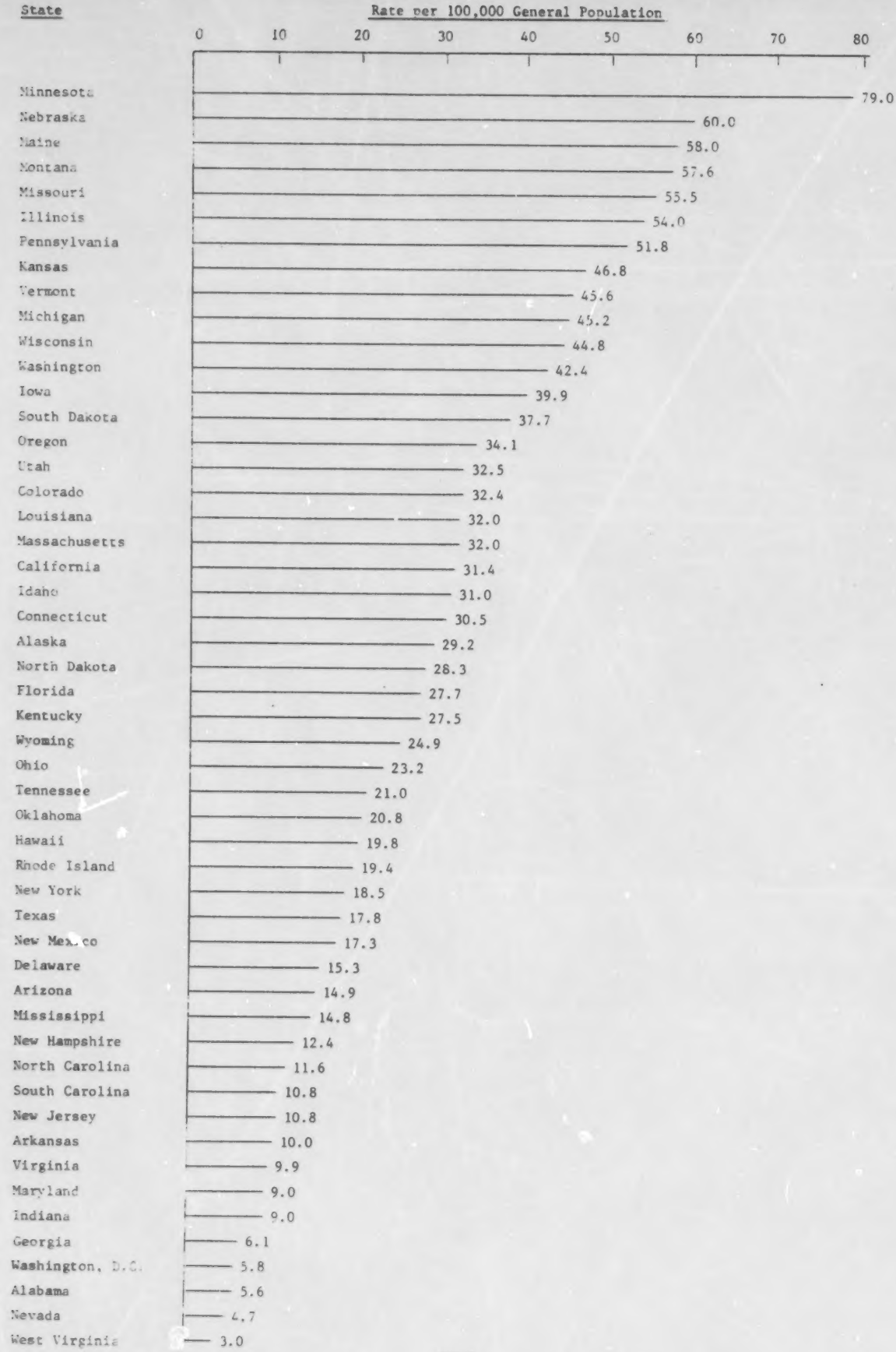

Figure 6. Per capita rate of mentally retarded residents in CRFs per 100,000 general population. (United States, 1977, 100% CRFs Reporting)

Location	CRFs	
	N	%
Rural (farm/non-farm)	302	13.8
Small Town (less than 2,500)	207	9.4
Town (2,500 - 49,999)	795	36.3
Suburb of Town	109	5.0
Large City (50,000 - 249,999)	389	17.8
Suburb of City	83	3.8
Major City (250,000 or more)	235	10.7
Suburb of Major City	69	3.1
Total	2,189	99.9[a]

[a]Due to rounding, the total does not equal 100%.

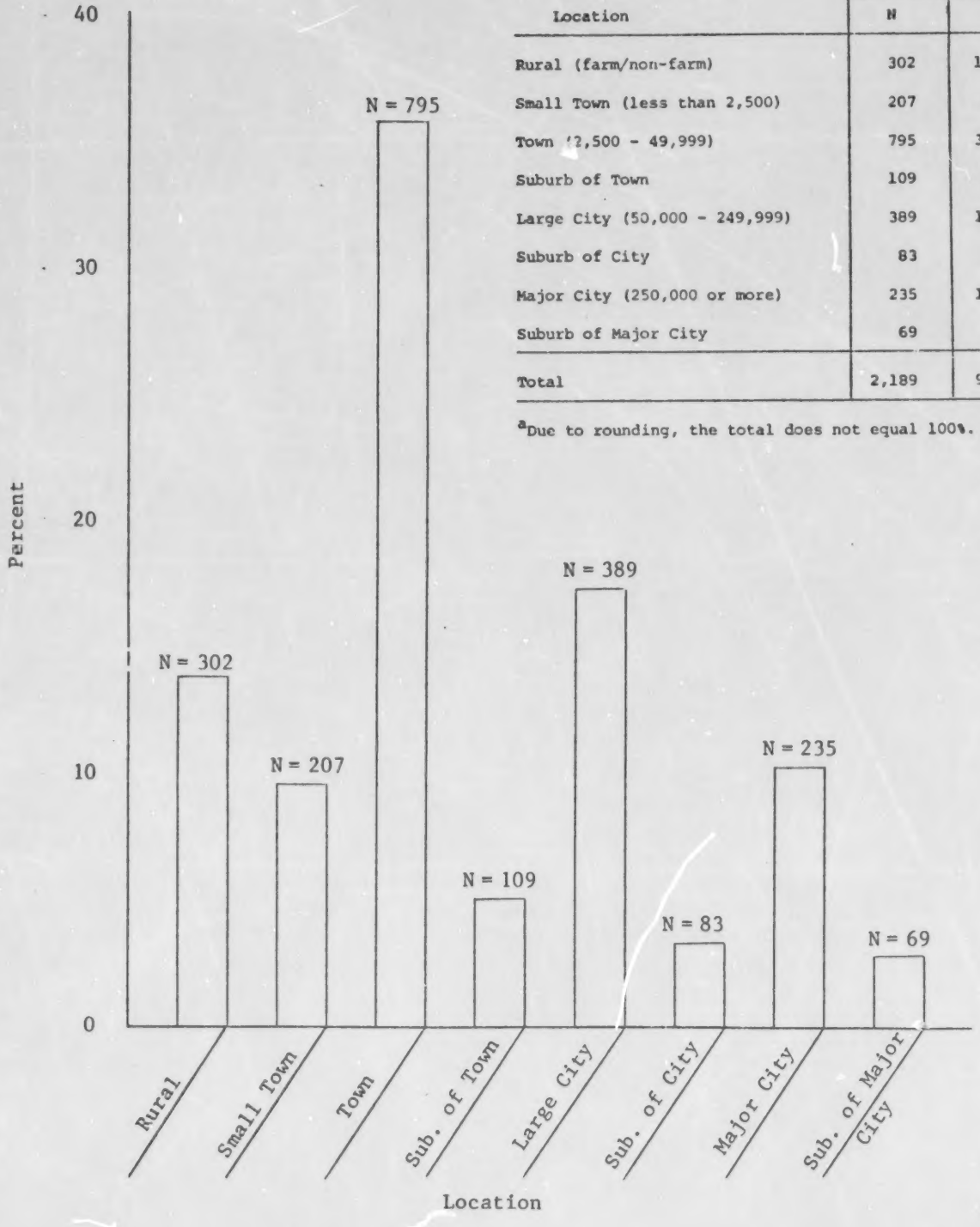

Figure 7. Percent of CRFs by Location
(United States, 1977, 49% CRFs Reporting)

Size. The size of facilities was assessed with questions about licensed bed capacity, total number of residents, and total number of mentally retarded residents as of June 30, 1977. Table 19 presents detailed information on the total bed capacity, total residents, and total mentally retarded residents of the 4,427 CRFs for state and national aggregate data. For each variable, it shows the mean, median, mode, and the standard deviation. Nationally, the most frequent number of residents per facility was 6 and the mean was 17. Interestingly, the standard deviation statistics are quite high, indicating a high degree of variability in the size of facilities.

As of June 30, 1977, 62,397 mentally retarded people were identified as residents of CRFs. Table 20 shows that most CRFs are small, approximately 73% of the facilities serving 10 or fewer mentally retarded residents and over 88% of the facilities serving 20 or fewer mentally retarded people. The distribution of mentally retarded residents shows in Table 21 that 28.3% of the total number of mentally retarded residents live in homes with 10 or fewer people and 43.9% live in facilities with 20 or fewer people. However, approximately 50% of the mentally retarded people at the time of the survey lived in community arrangements which served over 30 residents. These data on size of facility are graphically illustrated in Figure 8.

Table 19

Bed Capacity, Total Residents, and Mentally Retarded Residents by Federal Region and State
(United States, 1977, 100% CRFs Reporting)

Region/State	Bed Capacity				Total Residents				Mentally Retarded Residents			
	Mean	SD	Median	Mode	Mean	SD	Median	Mode	Mean	SD	Median	Mode
U.S. Total	18.9	43.4	7	8	17.3	38.7	7	6	14.1	30.9	6	6
Region I	13.2	17.2	7	8	12.4	17.0	7	8	11.2	15.2	7	8
Connecticut	19.2	22.6	13	12	18.3	22.2	12	12	18.2	22.2	11	12
Maine	17.5	15.8	6	6	16.9	15.5	6	6	13.7	13.0	5	6
Massachusetts	13.5	19.0	7	8	12.8	18.7	7	8	11.8	15.9	7	8
New Hampshire	10.8	9.2	7	6	9.4	9.0	5	5	5.8	4.9	4	5
Vermont	5.2	4.6	3	6	4.2	3.5	3	3	3.4	2.0	2	1
Rhode Island	12.9	3.6	11	16	12.4	3.6	11	16	12.1	3.9	11	16
Region II	23.4	33.4	11	10	21.5	32.1	9	10	16.3	26.7	8	9
New Jersey	23.4	31.4	14	3	21.6	30.5	11	3	9.4	15.6	4	3
New York	23.4	34.4	11	10	21.5	32.9	9	9	19.8	30.3	9	9
Region III	19.4	72.3	7	8	17.7	64.8	5	8	16.0	51.4	5	8
Delaware	23.5	15.6	16	16	17.3	8.4	16	16	14.8	8.0	10	16
Maryland	14.8	20.6	5	8	14.7	20.4	7	8	14.4	20.5	7	8
Pennsylvania	20.7	80.9	6	8	19.1	72.5	5	8	17.2	57.2	5	8
Virginia	14.0	15.6	7	6	11.6	14.0	5	6	10.0	13.1	5	6
West Virginia	7.7	1.8	7	8	6.2	2.1	4	6	6.2	2.1	4	6
Washington, D.C.	23.5	19.5	23	4	20.0	17.0	20	3	20.0	17.0	20	3
Region IV	17.3	34.5	7	8	16.3	34.5	7	8	13.8	27.3	7	8
Alabama	32.8	54.7	7	8	28.2	46.3	6	6	12.2	14.0	6	6
Florida	17.9	35.8	8	4	17.3	38.7	7	4	13.6	25.0	7	4
Georgia	12.3	12.0	7	8	11.0	11.7	7	8	9.9	7.1	7	8
Kentucky	57.4	90.0	7	8	54.1	86.5	7	7	52.8	86.3	7	7
Mississippi	31.1	40.2	10	120	28.8	39.1	9	9	27.2	39.2	8	9
North Carolina	9.7	13.4	4	5	8.8	11.4	4	5	8.7	11.4	4	5
South Carolina	11.9	11.7	7	8	11.6	11.7	7	8	11.5	11.8	7	8
Tennessee	12.6	13.6	7	8	11.8	13.1	7	8	10.8	12.0	7	8
Region V	24.1	45.4	11	8	21.9	39.7	10	8	17.0	35.4	7	8
Illinois	65.3	88.7	37	20	57.7	71.2	31	20	41.3	64.2	19	2
Indiana	15.2	17.5	6	6	13.5	16.9	6	5	11.4	15.6	5	5
Michigan	14.2	10.5	11	12	12.6	9.5	9	12	8.7	8.7	6	2
Minnesota	19.5	24.2	10	6	18.7	23.8	9	6	17.8	22.1	9	6
Ohio	24.0	32.0	11	8	21.8	29.4	10	8	20.0	24.1	9	8
Wisconsin	22.9	63.9	7	8	22.8	63.1	7	8	18.0	60.1	7	8
Region VI	39.4	96.8	13	8	34.9	81.0	11	6	27.5	43.8	9	6
Arkansas	14.8	7.0	10	12	14.5	7.5	9	12	13.4	5.3	9	12
Louisiana	71.7	63.0	48	15	65.0	54.4	42	15	62.8	54.2	15	15
New Mexico	8.5	7.0	3	6	7.4	5.6	5	6	6.1	3.9	5	6
Oklahoma	89.7	63.7	59	208	83.4	56.1	59	175	83.4	56.1	59	175
Texas	44.5	124.1	12	8	38.2	102.6	12	8	25.9	43.8	8	8
Region VII	18.3	33.8	7	8	16.5	31.6	7	4	13.7	25.1	6	5
Iowa	30.3	37.7	9	5	29.3	36.6	11	5	25.6	30.5	11	5
Kansas	13.5	20.3	7	4	11.9	17.2	5	6	10.7	15.5	5	6
Missouri	20.8	38.3	8	4	18.3	35.9	7	4	13.8	26.1	6	4
Nebraska	12.2	31.3	7	10	11.2	29.3	6	6	10.8	27.0	6	6
Region VIII	13.3	16.0	7	8	12.4	14.9	7	8	11.7	14.2	7	8
Colorado	13.1	16.1	7	8	11.9	14.2	7	8	11.8	14.1	7	8
Montana	7.9	2.8	7	8	7.4	2.7	7	8	7.2	2.4	7	8
North Dakota	17.9	18.4	10	6	16.6	18.2	8	6	15.4	18.1	7	6
South Dakota	12.6	12.5	6	8	12.5	12.2	6	8	12.4	11.9	7	8
Utah	37.9	29.2	24	6	35.9	27.7	24	6	29.4	27.7	15	6
Wyoming	9.6	3.0	6	8	8.4	3.9	7	6	8.4	3.9	7	6
Region IX	11.7	25.3	5	6	10.6	23.5	4	6	8.6	21.1	3	6
Arizona	16.1	10.6	8	8	14.3	10.1	9	8	13.2	10.7	8	6
California	12.1	26.5	5	6	10.9	24.7	4	6	8.9	22.1	3	6
Hawaii	4.7	4.0	3	4	4.3	3.9	3	4	3.0	2.1	2	4
Nevada	11.6	6.9	5	9	7.4	2.3	5	5	6.0	3.0	2	5
Region X	18.8	16.2	15	20	17.7	14.2	14	20	12.8	10.6	9	4
Alaska	9.4	10.2	3	4	9.1	10.0	3	4	8.5	8.3	3	4
Idaho	15.8	11.9	8	9	15.0	11.8	9	6	12.7	11.6	7	2
Oregon	16.1	14.7	11	10	15.3	14.3	10	9	12.5	12.5	8	9
Washington	22.0	17.3	19	20	20.5	15.5	17	20	13.5	9.3	10	6

Table 20

Number and Percent Distribution of Facilities by Size
(United States, 1977, 100% CRFs Reporting)

Size	Facilities	
	N	%
1-10	3,227	72.9
11-20	672	15.2
21-30	137	3.1
31-40	101	2.3
41-50	72	1.6
51-60	40	0.9
61-70	25	0.6
71-80	28	0.6
81-90	15	0.3
91-100	22	0.5
101+	88	2.0
TOTAL	4,427	100.0

Table 21

Number and Percent Distribution of Mentally Retarded Persons
by Size of Facilities
(United States, 1977, 100% CRFs Reporting)

Size	Mentally Retarded Persons	
	N	%
1-10	17,635	28.3
11-20	9,720	15.6
21-30	3,470	5.6
31-40	3,562	5.7
41-50	3,311	5.3
51-60	2,207	3.5
61-70	1,653	2.6
71-80	2,105	3.4
81-90	1,286	2.1
91-100	2,128	3.4
101+	15,320	24.6
TOTAL	62,397	100.0

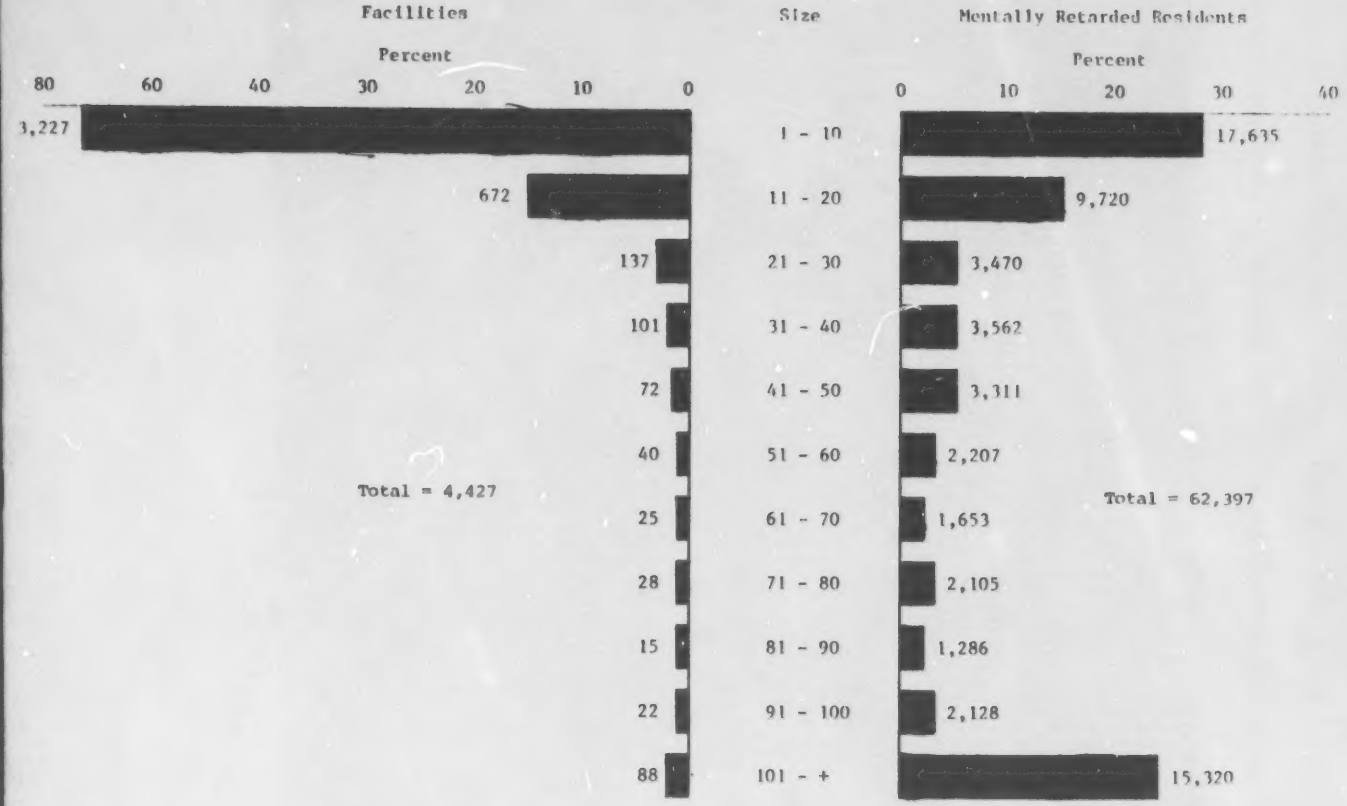

Figure 8. Distribution of CRFs and mentally retarded residents by size. (United States, 1977, 100% CRFs Reporting)

Growth. The policy and practice of deinstitutionalization are quite apparent in examining the rapid and substantial growth of community residences in the past several years (see Figure 9). The data show that the number of CRFs approximately doubled between January, 1973 and June, 1977. Facilities which opened and closed prior to our survey are not included in Figure 9. Therefore, the number of facilities presented is a minimum estimate of annual additions. The drop for 1977 is artificial, since it covers only a six-month period rather than a 12-month period. Data for remaining months in 1977 (July to December) are likely to have indicated stable growth.

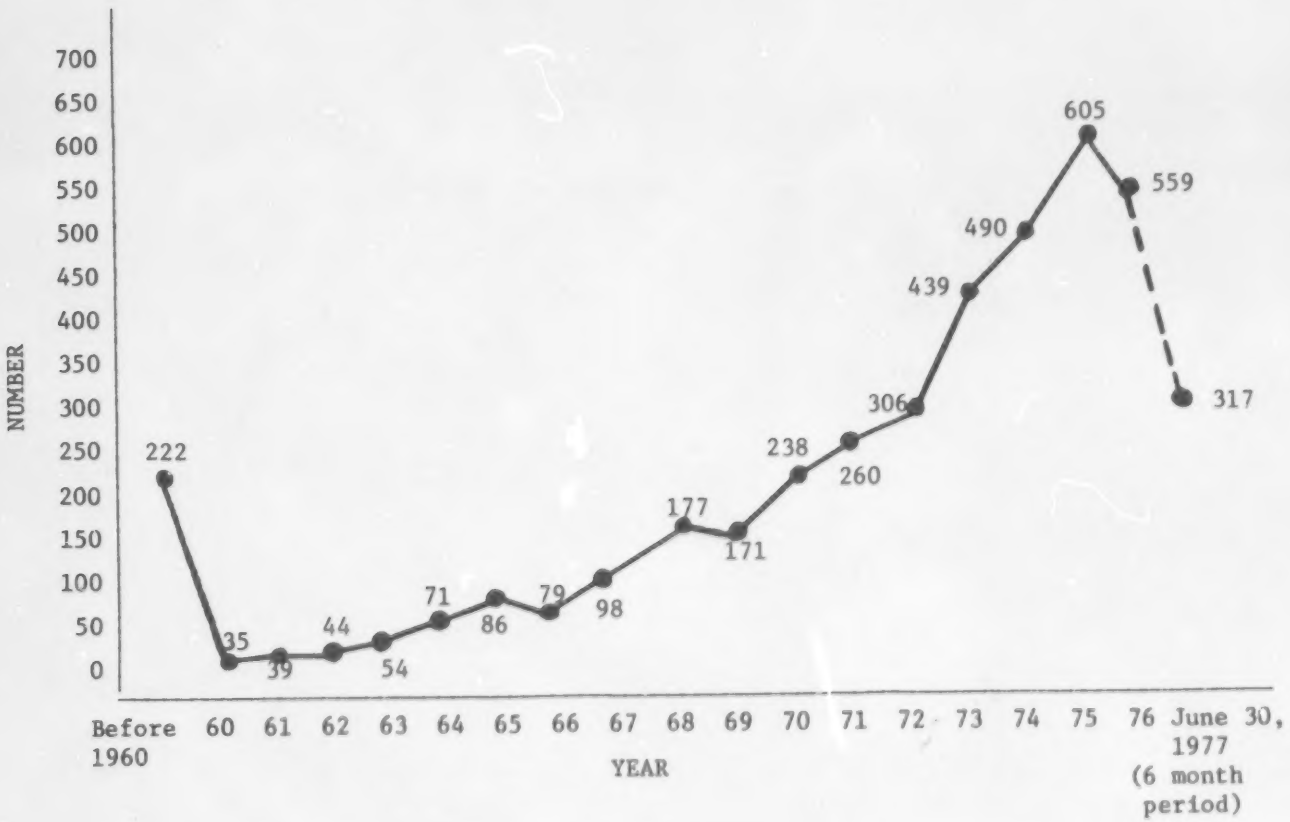

Figure 9. Year of opening for 4,290 CRFs
(United States, 1977, 97% CRFs Reporting)

Classification of CRFs. There is no standard classification system for categorizing the wide range of residential programs which serve mentally retarded persons nationally. When asked which classification best described their facility, respondents from the same state were as likely to categorize similar programs by a variety of different terms as categorize very dissimilar programs by the same term. Furthermore, terms used by respondents to describe their facility varied considerably from those used by their state licensing agencies to describe the same facilities. To complicate matters even further, similar programs across states were very likely to be classified as very different types of programs.

In an attempt to provide the most reliable classification of CRFs possible, it was decided to recategorize the 1977 survey facilities according to the individual licensure, certification, or regulation title given to the facility by the state. The Mental Retardation Coordinators or designees were contacted to describe or categorize each type of residential program available for the mentally retarded in their state. Using these descriptions, project staff recategorized each facility into the appropriate type of program. The resulting 37 types of programs and the states whose licensing agencies used these categories, number and percent of facilities so classified, and the number and percent of residents living in these facilities are shown in Table 22.

Table 22 reveals that the most frequent designation, serving the largest number of mentally retarded residents (30%) was the Group Home. The facility type serving the next largest number of persons was the residential school. Nursing homes designated as Intermediate Care Facilities for the Mentally Retarded (ICF-MR) served 6.5% of the residents. There are a great many other

Table 22

Classification of Facilities

	Type	State	Facilities		MR Residents	
			N	%	N	%
1.	Group Home	AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, IN, IA, KS, KY, LA, ME, MD, MI, MN, MS, MO, NE, NV, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY	2,061	46.6	18,820	30.2
2.	Small Family Home	CA	569	12.9	2,056	3.3
3.	Community Residence	MA, NY	275	6.2	2,568	4.1
4.	Sup. Apt.	AL, AK, CA, CO, CT, IN, IA, KS, MD, MA, MI, MT, NE, NV, NJ, NM, OH, OR, PA, SC, SD, TN, TX, VA, WV, WI	234	5.3	1,468	2.4
5.	Sup. Living Facility	MN	172	3.9	3,063	4.9
6.	Boarding Home	HI, ME, MT, NJ, NM, UT	125	2.8	1,093	1.8
7.	Residential Care Fac.	IA, MO, ND, PA, VA	112	2.5	2,935	4.7
8.	Sheltered Care Home	ID, IL	103	2.3	2,208	3.5
9.	Residential School	AR, CA, CT, DE, FL, GA, IL, KS, KY, LA, MD, MA, MI, MO, NE, NH, NM, NY, PA, TN, TX, WI	89	2.0	7.633	12.2
10.	Congregate Care	MI, WA	78	1.8	1,264	2.0
11.	Nursing Home (ICF-MR)	AL, AR, CA, CO, DE, IL, IN, KS, ME, MI, MN, MS, MO, OH, OK, OR, PA, TN, TX, UT, WI	64	1.4	4,053	6.5
12.	Community Care Home	VT	63	1.4	217	.3
13.	Community Homes for DD	MT	59	1.3	405	.6
14.	Priv. Residential Facility	CT, KS, LA, NJ, PA, TX	55	1.2	3,549	5.7
15.	Care Home	HI	51	1.2	143	.2
16.	Halfway House	TX, WI	49	1.1	1,167	1.9
17.	Large Family Home	CA	41	.9	334	.5
18.	Spec. Care Facility	OH	34	.8	1,556	2.5
19.	ICF/MR	AL, AK, CA, CO, DC, GA, KY, ME, NY, OK, SC	30	.7	1,650	2.6
20.	Small Homes Coop	KS	26	.6	106	.2
21.	ICF	FL, MS, OK, WA, WI	22	.5	1,062	1.7
22.	Com. Living Facility	IL	22	.5	451	.7
23.	ICF-DD	IL	19	.4	1,900	3.0
24.	Child Care Facility	IL, IN, MI	18	.4	958	1.5
25.	Dom. Home	AL, PA	16	.4	50	.1
26.	Child Care Inst.	AL, AK, AZ, NM, TX	10	.2	346	.6
27.	Com. Res. Fac.	NC	7	.2	209	.3
28.	Sm. Res. Fac.	MD	4	.1	145	.2
29.	Unit of State Hospital	KY, MI, TX	3	.1	191	.3
30.	Habilitative Nursery	CT	3	.1	148	.2
31.	Community Living Training Center	SD	3	.1	78	.1
32.	Specialized Facility	WA	3	.1	58	.1
33.	Institute for DD	NE	2	.0	356	.6
34.	Comprehensive Rehabilitative Center	MA, NC	2	.0	99	.2
35.	Cooperative Village	PA	1	.0	38	.1
36.	Research Institute	NY	1	.0	7	.0
37.	Therapeutic Comprehensive Residence	VT	1	.0	3	.0

state classifications that are used to provide community residential care listed in Table 22, many of which appear on the basis of designation alone to describe similar facilities.

Capacity and occupancy rates. Capacity in the 1977 CRF Survey referred to the individual facility licensed bed capacity as determined by state regulations and provided by facility respondents. Occupancy rate was computed by dividing the total number of residents by the licensed capacity. As of June 30, 1977, the total licensed capacity of the reporting CRFs was 83,688. A total of 76,250 residents lived within these facilities. The national mean occupancy rate for community residential programs for the mentally retarded was 91.1% ($\frac{76,250}{83,688}$ X 100).

The range, however, was 63.8% to 99.6% which suggests that many CRFs are not used to capacity. Numerous facilities (see Table 29) expressed concern over their vacancies and difficulty of obtaining residents. Movement in and out of facilities may also account for a number of vacancies. Regional and state statistical data are presented in Table 23. The facilities in some states report rather high vacancy rates, although the variation among federal regions and states is not very extensive.

Table 23

Occupancy Rate by Federal Region and State
(United States, 1977, 100% CRFs Reporting)

Region/State	Bed Capacity	Total Number of Residents	Unfilled Beds		Occupancy Rate
			N	%	
U.S. Total	83,688	76,250	7,438	8.9	91.1
Region I	4,647	4,359	288	6.1	91.9
Connecticut	997	954	43	4.3	95.7
Maine	807	777	30	3.7	96.3
Massachusetts	2,123	2,002	121	5.7	94.3
New Hampshire	194	169	25	12.9	87.1
Vermont	333	271	62	18.6	82.4
Rhode Island	193	186	7	3.6	96.4
Region II	5,878	5,395	483	8.1	91.9
New Jersey	1,962	1,812	150	7.6	92.4
New York	3,916	3,583	333	8.5	91.5
Region III	8,684	7,738	946	14.9	85.1
Delaware	141	104	37	26.2	73.8
Maryland	385	381	4	1.0	99.0
Pennsylvania	7,330	6,576	754	10.3	89.7
Virginia	712	581	131	18.4	81.6
West Virginia	69	56	13	18.8	81.2
Washington, D.C.	47	40	7	14.9	85.1
Region IV	7,520	7,095	425	7.3	92.7
Alabama	558	479	79	14.2	85.8
Florida	3,045	2,968	77	2.5	97.5
Georgia	381	342	39	10.2	89.8
Kentucky	1,034	974	60	5.8	94.2
Mississippi	404	375	29	7.2	92.8
North Carolina	721	652	69	9.6	90.4
South Carolina	322	312	10	3.1	96.9
Tennessee	1,055	993	62	5.9	94.1
Region V	26,021	23,632	2,389	8.0	92.0
Illinois	9,598	8,476	1,122	11.7	88.3
Indiana	638	566	72	11.2	88.8
Michigan	6,714	5,952	762	11.3	88.7
Minnesota	3,438	3,289	149	4.3	95.7
Ohio	2,973	2,707	266	8.9	91.1
Wisconsin	2,660	2,642	18	0.7	99.3
Region VI	6,502	5,724	778	9.5	90.5
Arkansas	237	232	5	2.1	97.9
Louisiana	1,433	1,301	132	9.2	90.8
New Mexico	288	245	43	14.9	85.1
Oklahoma	628	584	44	7.0	93.0
Texas	3,916	3,362	554	14.1	85.9
Region VII	7,775	7,047	728	8.2	91.8
Iowa	1,333	1,318	15	1.1	98.9
Kansas	1,379	1,215	164	11.9	88.1
Missouri	4,002	3,538	464	11.6	88.4
Nebraska	1,061	976	85	8.0	92.0
Region VIII	2,550	2,374	176	6.8	93.2
Colorado	942	854	88	9.3	90.7
Montana	484	454	30	6.2	93.8
North Dakota	215	199	16	7.4	92.6
South Dakota	264	263	1	0.4	99.6
Utah	530	503	27	5.1	94.9
Wyoming	115	101	14	12.2	87.8
Region IX	10,072	9,089	983	16.3	83.7
Arizona	419	372	47	11.2	88.8
California	9 319	8,426	893	9.6	90.4
Hawaii	276	254	22	8.0	92.0
Nevada	58	37	21	36.2	63.8
Region X	4,039	3,797	242	5.2	94.8
Alaska	132	127	5	3.8	96.2
Idaho	332	314	18	5.4	94.6
Oregon	1,045	995	50	4.8	95.2
Washington	2,530	2,361	169	6.7	93.3

Ownership. The 1977 National Survey asked residential facilities to classify themselves as to who operated the facility, whether the facility was operated for profit or non-profit, and whether the facility was a member of a group of facilities operated under one general ownership. As presented in Table 24, over 50% of the CRFs reported that they were operated by non-profit organizations serving approximately 56% of retarded residents in CRFs. More than half of these non-profit facilities (1,300) indicated that they were members of systems with central management; that is, a group of facilities operating under one general ownership (see Table 25). Almost one-half of the facilities in the survey were members of an organized system. Nearly 40% of the facilities and residents were managed by proprietary organizations. Most of the profit and proprietary facilities were managed under corporate forms of ownership. In addition, 365 CRFs surveyed reported operating under government ownership, with approximately 80% with 10 or fewer residents.

Table 24

Type of Ownership of Facilities
(United States, 1977, 97% CRFs Reporting)

Ownership	Facilities		Mentally Retarded Residents		Systems	
	N	%	N	%	N	%
Total	4,285	100.0	61,300	100.0	2,111	100.0
Private Non-profit						
Corporation	1,337	31.2	23,578	38.5	961	45.5
Individual	405	9.5	2,148	3.5	56	2.7
ARC	264	6.2	2,565	4.2	200	9.5
Family	162	3.8	748	1.2	14	0.7
Church	107	2.5	5,046	8.2	62	2.9
Partnership	19	0.4	176	0.3	4	0.2
Other	6	0.1	110	0.2	3	0.1
Subtotal	2,300	53.6	34,371	56.1	1,300	61.6
Proprietary (profit)						
Individual	769	17.9	6,785	11.1	149	7.1
Corporation	419	9.8	12,049	19.7	275	13.0
Family	326	7.6	2,326	3.8	88	4.2
Partnership	107	2.5	1,994	3.2	30	1.4
Other	2	0.0	16	0.0	0	0.0
Subtotal	1,623	37.9	23,170	37.8	542	25.7
Government						
State	142	3.3	1,719	2.8	120	5.7
Region	112	2.6	726	1.2	94	4.4
County	106	2.5	1,295	2.1	55	2.6
City	2	0.0	19	0.0	0	0.0
Subtotal	362	8.5	3,759	6.1	269	12.7

Table 25

CRFs That Are Members of a System
(United States, 1977)

Region/State	N
U.S. Total	1,859
Region I	154
Connecticut	9
Maine	12
Massachusetts	125
New Hampshire	3
Rhode Island	5
Vermont	-
Region II	115
New Jersey	10
New York	105
Region III	354
Delaware	-
Maryland	20
Pennsylvania	297
Virginia	29
West Virginia	4
Washington, DC	4
Region IV	198
Alabama	12
Florida	39
Georgia	8
Kentucky	7
Mississippi	11
North Carolina	27
South Carolina	25
Tennessee	69
Region V	432
Illinois	29
Indiana	25
Michigan	136
Minnesota	110
Ohio	53
Wisconsin	79
Region VI	81
Arkansas	4
Louisiana	8
New Mexico	26
Oklahoma	-
Texas	43
Region VII	233
Iowa	25
Kansas	81
Missouri	36
Nebraska	91
Region VIII	81
Colorado	42
Montana	19
North Dakota	2
South Dakota	11
Utah	-
Wyoming	7
Region IX	121
Arizona	11
California	106
Hawaii	2
Nevada	2
Region X	90
Alaska	13
Idaho	2
Oregon	34
Washington	41

Cost and reimbursement rates. Reimbursement rates for residential services vary widely (see Table 26). The range for 4,078 (92%) programs responding to our survey was $1.01 to $74.78 nationally. Included in this range are nursing homes that are ICF-MR certified, large residential settings such as residential schools, group homes, boarding homes, halfway houses, and many other types of arrangements. Given this diverse mixture of programs, one should keep in mind that several factors are known to influence cost variation including: (a) type of facility (Baker, Seltzer, & Seltzer, 1974; Intagliata, Willer, & Cooley, 1979; Heal & Daniels, 1978); (b) size of facility (Don & Amir, 1969; Baker, Seltzer, & Seltzer, 1974; Peat, Marwick, Mitchell, & Co., 1976) and (c) type of ownership (Don & Amir, 1969; Piasecki, Pittinger, & Rutman, 1977).

Figure 10 presents the mean reimbursement rate per day per mentally retarded resident by size of facility. In large community-based facilities (20+ residents), the daily rate was $23.32 and for small community based facilities (less than 20 residents), the rate was $15.37. The national average rate per day per resident across all facilities surveyed was $15.70. State cost averages, including the District of Columbia, ranged between an average per day reimbursement of $9.43 to approximately $32.00. Differences among federal regions were relatively small. Given the general inflationary rate in the past two years, especially in the area of health care and related service fields, assuming no major change in policies, the reimbursement rates today are likely to be much higher.

In Table 27 the reimbursement rates are given by type of ownership and profit or nonprofit status. Proprietary operations tended to operate at a lower national level ($12.17) than nonprofit organizations ($16.15). Upon

Table 26

Rank Order of States by Mean Reimbursement Rate
(United States, 1977, 92% CRFs Reporting)

	State	Mean Reimbursement Rate
	District of Columbia	32.47
	Alabama	32.02
$25	Kentucky	26.00
	Iowa	24.38
	South Carolina	24.31
	Minnesota	22.82
	Alaska	22.40
	Pennsylvania	21.96
	Louisiana	21.19
	Texas	21.00
	New York	20.86
	Georgia	20.53
	Delaware	20.28
$20	Virginia	20.14
	Connecticut	18.06
	Ohio	18.01
	Maryland	17.94
	Massachusetts	17.81
	Arizona	17.78
	Indiana	17.61
	Rhode Island	17.56
	Utah	17.35
	Nebraska	16.71
	Illinois	16.39
	West Virginia	16.24
	Colorado	16.20
	North Carolina	15.91
	Nevada	15.82
$15	Mississippi	15.60
	Wisconsin	14.99
	New Mexico	14.98
	Wyoming	14.79
	North Dakota	14.18
	Tennessee	13.36
	Washington	13.07
	California	13.03
	Kansas	12.83
	Florida	12.77
	Hawaii	12.53
	Arkansas	12.52
	Montana	12.52
	Maine	12.39
	Oklahoma	12.30
	Michigan	12.22
	Missouri	12.20
	Oregon	11.91
	New Hampshire	10.91
	New Jersey	10.78
	South Dakota	10.67
$10	Idaho	10.46
	Vermont	9.43

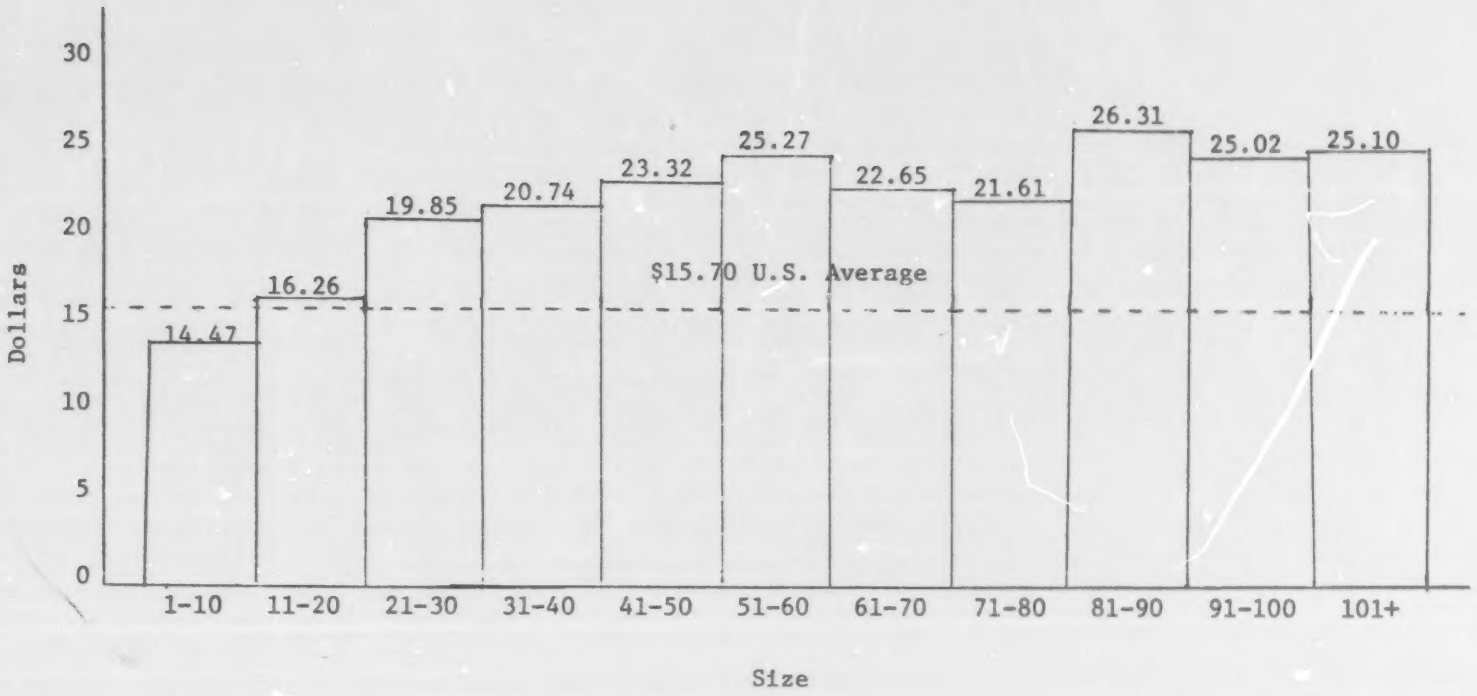

Figure 10. Average reimbursement rates by size of CRFs (United States, 1977, 92% CRFs Reporting)

Table 27

Mean Reimbursement Rate of Facilities
by Type of Ownership and Profit, Non-Profit Status
(United States, 1977, A. 100%, B. 97%, and C. 92% CRFs Reporting)

A. Ownership	B. Facilities		C. Mean Reimbursement Rate ($)	
	Profit	Non-Profit	Profit	Non-Profit
Total	1,623	2,662	$12.17	$16.15
Individual	769	405	10.62	10.23
Partnership	107	19	11.65	10.54
Corporation	419	1,337	16.43	17.72
Church	0	107	0	20.80
State	0	142	0	20.39
Region	0	112	0	17.92
County	0	106	0	18.43
City	0	2	0	16.63
ARC	0	264	0	15.84
Family	326	162	10.51	9.64
Other	2	6	9.92	17.67

closer examination, this trend is reversed for ownership categories such as individual, partnership, and family operations.

The interpretation of these figures must be made with several precautions kept in mind. First, it was not determined through the mail questionnaire what service elements were covered by the reimbursement rate. In general, it might be assumed that the rates covered room and board or cost of care, but it is not possible to distinguish whether other services were included in the cost figures. Second, it is reasonable to assume that there are differences in rates for facilities which have been operational for several years compared to those that recently opened. Start-up costs of newly opened homes may create a higher level of expenditure during the first few years of operation. Third, it was not possible to collect detailed information on amounts and sources of revenue. From careful editing of returned questionnaires and discussions with respondents, it was found that most persons reported revenues from government reimbursement programs rather than total revenues from all other sources (e.g., contributions of resident and family). These estimates are, therefore, conservative estimates of the cost of care. On a national level, however, there is good reason from a review of state program data and available cost studies to believe these estimates are reasonable, albeit conservative estimates of national practice (Wieck, 1979).

Staffing patterns. As seen in Table 28, live-in staff was the predominant staffing arrangement for direct care staff in 48% of the facilities reporting. The second most common pattern for direct care staff was the eight-hour shift pattern (23%). Since 73% of the CRFs serve 10 or fewer residents, it would follow that some type of live-in staff would be most frequent as a staffing arrangement. These two staffing patterns accounted for approximately 84% of prevailing practices in the nearly 2,000 facilities reporting this information. It should be noted, however, that only 48% of the facilities in the survey provided this information.

Table 28

Primary Staffing Arrangement for Direct Care Staff in CRFs
(United States, 1977, 48% CRFs Reporting)

Staffing Arrangement	Facilities N	%
1. Live-in	1,284	60.9
2. 8-hour shift	505	24.0
3. Split-shift	154	7.3
4. Live-in and 8-hour shift	63	3.0
5. Live-in and split-shift	44	2.1
6. 8-hour shift and split-shift	29	1.4
7. Live-in, 8-hour shift and split-shift	28	1.3

Management problems. This variable was completed by 2,191 (49%) facilities; it was not included as a key item on the short form. As shown in Table 29, the major problems cited by community residential facility administrators were grouped into several categories: staffing, funding, services, interagency relationships, and administrative problems. The percentage of respondents citing each separate problem area was computed separately and the total number of responses in a given category (e.g., staffing) was summed from the separate citations.

The most frequently identified problem was staffing and personnel areas as reported by 85% of the respondents. Recruitment of qualified staff, reduction of turnover, and staff training were clearly the three most pressing areas of difficulty. Also mentioned far less frequently by administrators were wage and hour constraints, staffing patterns, and working conditions.

The second most common obstacle cited by 61% of the respondents was inadequate funding. Maintaining a sufficient average daily resident population, late checks, and outside (county) control of wages and benefits were the most frequently cited problems within the funding category.

The lack of an available continuum of comprehensive services was cited by 46% of the respondents. Within the facility, the development of individualized program plans, inadequate programming, and the lack of program implementation for residents were often considered to be problems. Deficiencies in the range and availability of support services outside the living arrangement in the community were most frequently cited, with specific reference also given to areas such as respite care, transportation, residential alternatives, advocacy, follow-along, and nutrition services were specifically mentioned most often by the respondents.

Table 29

Problems in Operating and Maintaining CRFs
(United States, 1977, 49% CRFs Reporting)

Rank Order of Problems Reported	Percent Reporting
1. Staffing	85.1
Recruitment, training, and reducing staff turnover (84.0%)	
Wage and hour constraints (1.0%)	
Staffing patterns and work conditions (0.1%)	
2. Funding	61.1
Inadequate funding and maintaining sufficient average daily resident population (60.5%)	
Mechanism problems such as late checks and county control of salaries and benefits (0.5%)	
Start-up monies and costs (0.05%)	
3. Services	36.1
Lack of community support services (19.8%)	
Developing individualized program plans (11.8%)	
Need for respite care services (1.3%)	
Lack of adequate programming within the facility (1.1%)	
Need for transportation services (0.8%)	
Lack of program implementation (0.5%)	
Lack of alternative community residential placements (0.4%)	
Lack of advocacy services (0.3%)	
Lack of follow-along services (0.05%)	
Lack of nutrition services (0.05%)	
4. Interagency Relationships	21.9
Certification and licensing (15.4%)	
Government regulations, red tape, paperwork (4.8%)	
Lack of coordination between community and regional support services (1.6%)	
Lack of comprehensive state planning (0.1%)	
5. Administrative Problems	1.6
Maintenance, physical plant, capital expense (0.7%)	
Problems with residents and families (0.3%)	
Relationships with board of directors (0.4%)	
Insurance problems (0.1%)	
Admission policies (0.05%)	

Note: Percentage figures were derived through dividing the number of facilities reporting a given problem by the total number of facilities reporting (N = 2,191). Percentages do not total 100% because of multiple responses to this question.

Problems incurred with interagency relationships ranked fourth in importance. Approximately 22% of the directors mentioned licensing standards, the preponderance of regulations, administrative red tape, and the lack of coordination between local, regional, and state levels of service.

Last of all, several administrative problems were mentioned by only 2% of the respondents which included maintenance of the facility, relationships with the board of directors, insurance problems, and admission policies.

Resident Characteristics

Basic national findings of the 1977 Survey on mentally retarded residents living in community residential facilities are presented in Table 30. This table shows that between July 1, 1976 and June 30, 1977, participating facilities admitted 17,398 mentally retarded persons and released 9,909 persons.

Table 30

National Summary Data on Mentally Retarded Residents
Living in Community Residential Facilities
between July 1, 1976 and June 30, 1977

First Admissions	16,044
Readmissions	1,354
Total Admissions	17,398
Deaths	612
Live Releases	9,297
Total Releases	9,909

Demographic information. Respondents were asked to classify the number of mentally retarded residents residing in their facility by sex, age, and level of retardation.

The survey found that there are more male mentally retarded individuals living in CRFs than females: 55.3% male and 44.7% female. This is a consistent pattern for virtually all programs serving persons with developmental problems and other handicaps (MacMillan, 1977).

Approximately 38% of the mentally retarded residents living in CRFs on June 30, 1977 were 21 years or younger, with 36% of the residents in this age group between the ages of 5 to 21 years (see Figure 11). The size and composition of the population living within community residences clearly indicates the substantial impact of deinstitutionalization policies on public education. Distributions of mentally retarded residents by age per federal region and state, and by age and size of facility are shown in Tables 31 and 32, respectively. In Table 32, the number and percentage of mentally retarded residents by age is presented within ten size categories of facilities. In almost every size category of CRFs, the adult residents, age 22 to 39, was the most frequent. In facilities with 30 or fewer residents, the middle-aged adult (age 40-62) was the second most frequent, while in facilities with 31 or more residents, the adolescent/young adult, age 15 to 21, was the second most frequent. This factor may be accounted for by the residential schools surveyed, which generally serve the adolescent.

Using the classification system of the American Association on Mental Deficiency (Grossman, 1977), facility respondents classified 65% of the mentally retarded residents as borderline, mildly and moderately retarded and 32% were classified as severely and profoundly retarded. Only 2% could not

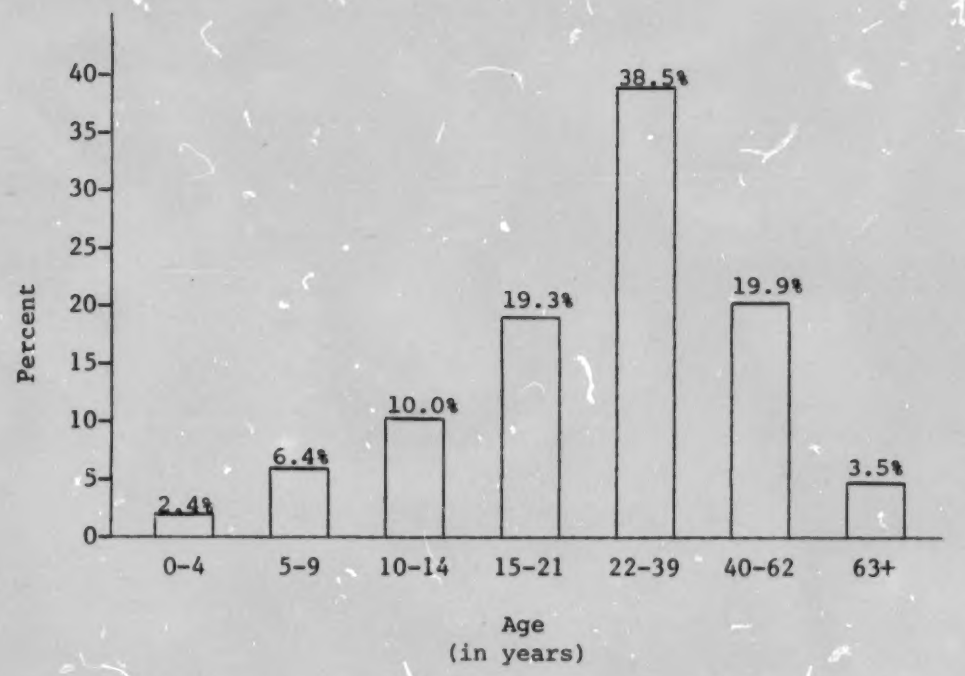

Figure 11. Distribution of mentally retarded residents by age in CRFs (United States, 1977, 100% CRFs Reporting)

Table 31

Distribution of Mentally Retarded Residents by Age by Federal Region and State
(United States, 1977, 96% CRFs Reporting)

Region/State	Age							Total
	0 - 4	5 - 9	10 - 14	15 - 21	22 - 39	40 - 62	63 +	
U.S. Total	1,394	3,673	5,792	11,145	22,218	11,459	2,025	57,706
Region I	67	250	390	731	1,413	822	125	3,798
Connecticut	28	111	147	207	266	139	25	923
Maine	11	24	14	63	271	173	55	611
Massachusetts	10	96	205	423	671	346	12	1,763
New Hampshire	12	18	17	21	22	10	0	100
Vermont	6	1	7	8	66	104	28	220
Rhode Island	0	0	0	9	117	50	5	181
Region II	33	201	252	592	1,685	765	134	3,662
New Jersey	9	28	69	111	171	250	89	727
New York	24	173	183	481	1,514	515	45	2,935
Region III	354	632	1,011	1,521	1,602	787	76	5,983
Delaware	1	10	15	22	33	7	1	89
Maryland	8	24	44	119	143	42	2	374
Pennsylvania	336	541	891	1,206	1,213	658	71	4,916
Virginia	17	54	41	143	180	71	2	508
West Virginia	0	0	0	15	32	9	0	56
Washington, D.C.	0	3	20	16	1	0	0	40
Region IV	119	390	551	1,204	2,618	865	167	5,914
Alabama	1	30	20	24	85	44	3	207
Florida	70	181	329	598	819	274	63	2,334
Georgia	0	0	12	75	156	44	11	298
Kentucky	3	12	38	171	615	109	2	950
Mississippi	0	21	12	4	107	144	58	346
North Carolina	35	102	65	92	276	68	5	643
South Carolina	0	0	1	68	206	33	2	310
Tennessee	10	44	74	172	354	149	23	826
Region V	309	863	1,358	2,636	6,568	4,477	900	17,111
Illinois	138	363	426	766	1,893	1,634	354	5,574
Indiana	14	38	91	113	159	46	13	474
Michigan	9	51	117	469	1,521	1,354	264	3,785
Minnesota	34	82	265	519	1,352	712	161	3,125
Ohio	113	303	394	530	750	335	25	2,450
Wisconsin	1	26	65	239	893	396	83	1,703
Region VI	105	186	275	1,033	1,709	451	27	3,786
Arkansas	23	18	14	34	85	23	8	215
Louisiana	37	83	73	324	378	101	10	1,006
New Mexico	0	3	12	58	108	25	0	206
Oklahoma	0	0	0	18	58	3	0	79
Texas	35	82	176	599	1,080	299	9	2,280
Region VII	75	243	552	1,003	2,000	1,198	221	5,292
Iowa	11	55	144	194	460	188	51	1,103
Kansas	2	38	61	98	532	231	21	983
Missouri	56	113	296	569	599	522	114	2,269
Nebraska	6	37	51	142	409	257	35	937
Region VIII	28	52	80	414	1,147	407	83	2,211
Colorado	9	30	60	183	446	103	17	848
Montana	3	2	9	73	231	98	22	438
North Dakota	1	1	3	47	111	22	0	185
South Dakota	0	0	1	71	137	33	1	243
Utah	15	19	7	29	169	130	43	412
Wyoming	0	0	0	11	53	21	0	85
Region IX	249	782	1,237	1,624	2,168	1,023	915	7,278
Arizona	7	16	19	59	132	31	2	266
California	236	755	1,209	1,543	1,979	919	165	6,806
Hawaii	5	6	6	16	44	71	28	176
Nevada	1	5	3	6	13	2	0	30
Region X	55	74	86	387	1,308	664	97	2,671
Alaska	13	21	10	33	31	4	0	119
Idaho	0	0	1	11	99	130	24	266
Oregon	33	35	18	115	415	159	10	785
Washington	9	18	49	228	763	371	63	1,501

Table 32

Distribution of Mentally Retarded Residents by Age and Size of Facility
(United States, 1977, 96% CRFs Reporting)

Size	Age														Total
	0 - 4		5 - 9		10 - 14		15 - 21		22 - 39		40 - 62		63 +		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
1 - 10	313	1.8	735	4.3	1,116	6.5	2,807	16.4	7,391	43.3	4,035	23.6	671	3.9	17,068
11 - 20	122	1.3	292	3.2	531	5.8	1,555	17.1	4,121	45.3	2,141	23.5	343	3.8	9,105
21 - 30	118	3.5	241	7.2	357	10.6	607	18.0	1,127	33.5	738	21.9	180	5.3	3,368
31 - 40	94	2.8	252	7.5	469	13.9	705	20.9	1,127	33.4	577	17.0	153	4.5	3,377
41 - 50	80	2.5	250	7.8	398	12.3	671	20.8	1,172	36.4	563	17.5	90	2.7	3,224
51 - 60	84	3.9	252	11.7	295	13.6	446	20.7	782	36.3	260	12.1	34	1.6	2,153
61 - 70	51	3.5	292	20.1	390	26.9	341	23.5	246	17.0	118	8.1	13	.9	1,451
71 - 80	39	1.9	124	6.1	367	18.1	444	21.9	750	36.9	258	12.7	48	2.4	2,030
81 - 90	29	2.3	68	5.3	147	11.4	310	24.1	370	28.8	307	23.9	55	4.2	1,286
91 - 100	51	2.8	189	10.3	365	19.9	367	20.0	589	32.2	242	13.2	29	1.6	1,832
101 +	413	3.2	978	7.6	1,357	10.6	2,892	22.6	4,543	35.5	2,220	17.3	409	3.2	12,812
Total	1,394		3,673		5,792		11,145		22,218		11,459		2,025		57,706

Note: The row totals (by size category) equal 100% of the residents reported.

be classified into one of the levels of retardation by the respondents (see Figure 12). O'Connor's (1976) indepth interview survey found in her sample of mentally retarded group home residents the following representation by degree of retardation: 28.6% mildly, 26.3% moderately, 16.2% severely, and 2.3% profoundly retarded. She found 26.6% of the residents were not reported in any of the classification levels.

Distribution of mentally retarded residents by level of retardation per federal region and state, and by level of retardation and size of facility are shown in Tables 33 and 34, respectively. In Table 34, the number and percent of residents by level of retardation is presented within ten size categories of facilities. In almost every size category of CRFs, the resident with a moderate degree of retardation was reported as most frequent. In facilities with 40 or fewer residents, the resident with a mild degree of retardation was reported as the second most frequent. In large facilities, 41 or more residents, the resident with severe retardation was generally second most frequent.

In the past, CRFs have generally accepted mentally retarded people with mild or moderate handicapping conditions. Although this survey is not directly comparable to O'Connor's study (1976), the 1977 results suggest that CRFs are accepting more severely handicapped persons than was reported in earlier surveys. This is another factor that will have impact on the future planning of community services.

Respondents were asked in the long form questionnaire to indicate the number of mentally retarded residents with additional handicapping conditions and with limitations in daily living skills. Information obtained from 2,181 (49%) of the CRFs indicated that over one-half of the mentally retarded residents

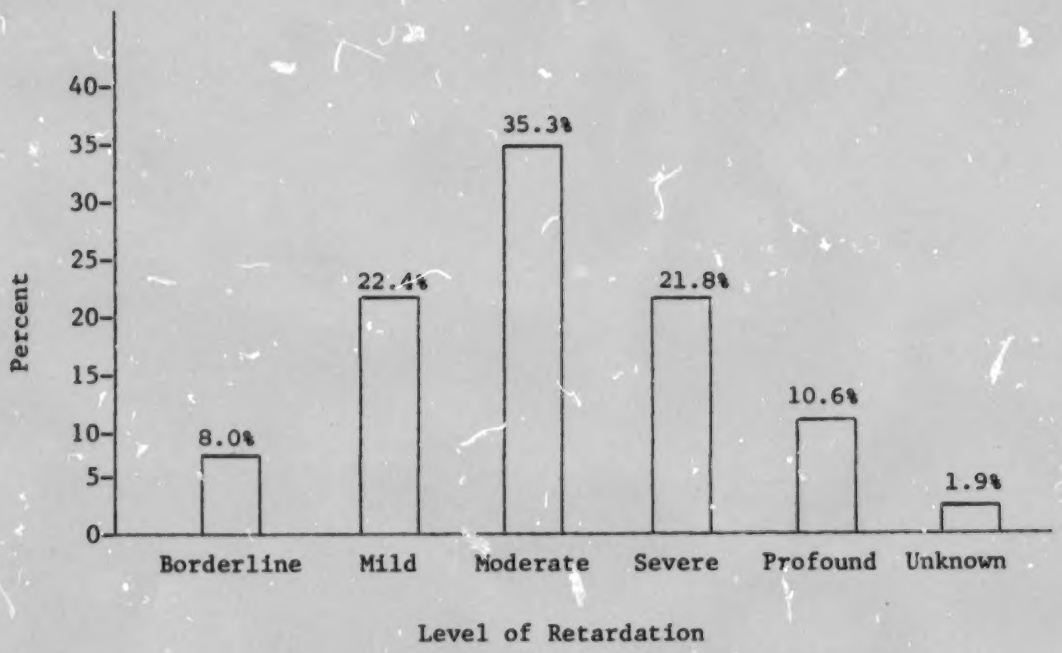

Figure 12. Distribution of residents by level of retardation in CRFs (United States, 1977, 96% CRFs Reporting)

Table 33

Distribution of Mentally Retarded Residents by Level of Retardation by Federal Region and State
(United States, 1977, 96% CRFs Reporting)

Region/State	Level of Retardation						Total
	Borderline	Mild	Moderate	Severe	Profound	Unknown	
U.S. Total	4,647	13,032	20,475	12,666	6,160	1,119	58,093
Region I	361	978	1,553	581	275	29	3,777
Connecticut	86	346	301	142	71	1	947
Maine	60	101	223	85	73	15	557
Massachusetts	187	437	792	256	101	0	1,773
New Hampshire	8	18	23	27	22	7	105
Vermont	15	38	114	34	7	6	214
Rhode Island	5	38	100	37	1	0	181
Region II	452	998	1,292	688	410	48	3,888
New Jersey	78	176	297	108	46	14	719
New York	374	822	995	580	364	34	3,169
Region III	469	1,280	1,765	1,137	1,147	75	5,873
Delaware	3	8	8	33	37	0	89
Maryland	16	121	145	75	16	1	374
Pennsylvania	425	984	1,400	940	1,015	72	4,836
Virginia	23	136	163	75	79	2	478
West Virginia	0	20	32	4	0	0	56
Washington, D.C.	2	11	17	10	0	0	40
Region IV	438	1,262	2,063	1,385	697	86	5,931
Alabama	22	39	96	50	0	0	207
Florida	215	482	771	586	247	32	2,333
Georgia	17	68	144	60	5	12	306
Kentucky	82	171	282	210	179	26	950
Mississippi	24	111	195	13	3	0	346
North Carolina	23	144	209	166	100	1	643
South Carolina	16	101	79	69	44	1	310
Tennessee	39	146	287	231	119	14	836
Region V	1,062	3,197	6,337	4,290	1,674	338	16,898
Illinois	230	1,010	1,992	1,636	705	67	5,640
Indiana	38	110	170	130	13	12	473
Michigan	392	811	1,531	693	153	147	3,727
Minnesota	166	447	1,084	971	242	27	2,937
Ohio	159	395	873	491	489	28	2,435
Wisconsin	77	424	687	369	72	57	1,686
Region VI	422	1,079	1,502	795	366	56	4,220
Arkansas	21	55	73	35	31	0	215
Louisiana	64	191	462	253	156	30	1,156
New Mexico	12	56	101	23	7	1	200
Oklahoma	7	9	66	267	46	14	409
Texas	318	768	800	217	126	11	2,240
Region VII	399	1,289	1,764	1,192	624	162	5,430
Iowa	60	229	389	261	198	5	1,142
Kansas	89	291	318	175	28	37	938
Missouri	196	524	767	568	304	54	2,413
Nebraska	54	245	290	188	94	66	937
Region VIII	171	670	884	386	101	32	2,244
Colorado	49	252	405	83	39	20	848
Montana	45	85	179	99	20	10	438
North Dakota	9	115	55	4	0	2	185
South Dakota	34	78	105	42	1	0	260
Utah	15	111	111	134	41	0	412
Wyoming	19	29	29	24	0	0	101
Region IX	648	1,560	2,243	1,779	771	240	7,241
Arizona	17	89	78	62	19	1	266
California	619	1,433	2,102	1,652	734	229	6,769
Hawaii	8	31	59	60	8	10	176
Nevada	4	7	4	5	10	0	30
Region X	219	719	1,072	433	95	53	2,591
Alaska	1	40	33	22	5	2	103
Idaho	29	100	81	12	4	10	236
Oregon	73	179	301	113	65	10	741
Washington	116	401	657	286	21	31	1,511

Table 34

Distribution of Residents by Level of Retardation and Size of Facility
(United States, 1977, 96% CRFs reporting)

Size	Level of Retardation												Total
	Borderline		Mild		Moderate		Severe		Profound		Unknown		
	N	%	N	%	N	%	N	%	N	%	N	%	
1 - 10	1,519	8.9	4,248	25.0	6,651	39.1	3,149	18.5	849	5.0	573	3.4	16,989
11 - 20	937	10.2	2,492	27.2	3,732	40.7	1,442	15.7	453	4.9	106	1.2	9,162
21 - 30	271	8.3	709	21.8	1,123	34.6	634	19.5	456	14.0	55	1.7	3,428
31 - 40	350	10.5	750	22.4	1,095	32.7	718	21.5	391	11.7	40	1.2	3,344
41 - 50	346	10.7	599	18.6	959	29.8	828	25.7	476	14.8	13	.4	3,221
51 - 60	190	9.3	417	20.5	621	30.5	488	23.9	250	12.3	73	3.5	2,039
61 - 70	69	4.7	236	16.2	355	24.3	414	28.4	379	26.0	5	.3	1,458
71 - 80	50	2.5	318	15.7	757	37.3	685	33.7	209	10.3	11	.5	2,030
81 - 90	62	4.8	339	26.4	422	32.8	236	18.4	212	16.5	15	1.1	1,286
91 - 100	151	7.8	488	25.3	449	23.3	423	20.3	423	21.9	26	1.3	1,928
101 +	696	5.2	2,436	18.2	4,311	32.2	3,681	27.5	2,062	15.4	202	1.5	13,388
Total	4,641		13,032		20,475		12,666		6,160		1,119		58,093

Note: The row totals (by size category) equal 100% of the residents reported.

have at least one additional handicap (see Table 35). Over 19% of the residents were multiply handicapped, that is had two or more handicapping conditions in addition to mental retardation. Behavior disorders (18.6%) was the single most frequently identified condition, while deafness (2.7%) was the least frequent.

Table 36 presents the frequency of mentally retarded residents with selected limitations in daily living skills. Inability to dress without assistance (21.1%) was the most frequently reported problem, while inability to understand the spoken word (7.4%) was the least frequent occurring condition identified by the reporting CRFs. The evidence suggests that the majority of residents (82%) in community living arrangements had at least one limitation in functional daily living skills.

Table 35

Mentally Retarded Residents with Additional Handicaps in CRFs
(United States, 1977, 49% CRFs Reporting)

Additional Handicaps	Total Mentally Retarded Residents	Mentally Retarded Residents with Handicap	
		N	%
Blind	33,924	1,092	3.2
Deaf	33,924	932	2.7
Epilepsy	33,794	5,919	17.5
Cerebral palsy	33,924	2,962	8.7
Behavior disorder	33,940	6,321	18.6
Autistic-like	33,954	994	2.9
Two or more	33,691	6,488	19.3

Table 36

Mentally Retarded Residents with Functional Limitations in Living Skills
(United States, 1977, 49% CRFs Reporting)

Limitations	Total Mentally Retarded Residents	Mentally Retarded Residents with Limitations	
		N	%
Cannot Walk	33,688	3,612	10.7
Cannot Dress	33,688	7,113	21.1
Cannot Eat	33,688	3,774	11.2
Cannot Understand	33,540	2,495	7.4
Cannot Communicate	33,683	6,603	19.6
Not Toilet Trained	33,688	4,124	12.2

Resident movement. Amazingly little nationwide data are available on the current number of mentally retarded people in community residential alternatives and even less is known about the movement of people into and out of these facilities. To assess resident movement during July 1, 1976 and June 30, 1977, facility respondents indicated the number of mentally retarded residents who were first admissions, readmissions, live releases, and deaths during that time period.

There were over 16,000 first admissions reported by CRFs during this time period (see Table 37). Nationally, one of every four residents living in all community residential facilities were new to their place of residence during July, 1976 and June, 1977. During the 12 months prior to the survey, over 700 new facilities opened. When these facilities are excluded, the number of annual first admissions drop to approximately 17% of the total mentally retarded resident population. As seen in Table 38, 1,354 readmissions were reported by the facilities for a rate of 2.3% at the national level. The percent of the mentally retarded population reported as readmissions varied across regions from a low of 1.0% to a high of 4.9%. In a one-year period, 17,307 mentally retarded people or 28.8% of the mentally retarded residents were listed as either new admissions or readmissions into community living arrangements (see Table 39).

During this same time period, 9,297 mentally retarded residents were released (see Table 40) and 612 deaths were reported (see Table 41). Nationally, 15.6% of the total mentally retarded residents reported were live releases and 1.0% of the total mentally retarded residents had died. Therefore, over 16% of the mentally retarded population left community placements (see Table 42).

Table 37

Number of CRF's Reporting First Admissions, the Number of First Admissions and the Percent of Mentally Retarded Residents That Are First Admissions
(United States, July 1, 1976-June 30, 1977. 964 CRFs Reporting)

Region/State	CRFs Reporting	First Admissions	
		#	%
U.S. Total	4,239	16,044	27.0
Region I	343	1,175	31.1
Connecticut	51	236	25.6
Maine	45	225	36.8
Massachusetts	152	607	34.6
New Hampshire	17	33	33.0
Rhode Island	14	41	24.8
Vermont	64	33	15.0
Region II	240	1,090	27.4
New Jersey	84	201	25.5
New York	156	889	27.8
Region III	397	1,577	23.7
Delaware	6	16	18.0
Dist. of Columbia	2	9	22.5
Maryland	26	91	24.3
Pennsylvania	303	1,210	21.6
Virginia	51	205	40.4
West Virginia	9	46	82.1
Region IV	423	1,882	32.3
Alabama	16	87	56.1
Florida	170	620	25.5
Georgia	31	72	23.3
Kentucky	17	203	22.1
Mississippi	13	307	86.7
North Carolina	73	110	18.8
South Carolina	26	96	31.8
Tennessee	77	387	44.4
Region V	1,050	4,465	25.4
Illinois	141	1,166	20.7
Indiana	42	227	47.4
Michigan	456	1,277	32.3
Minnesota	174	944	30.4
Ohio	121	499	21.3
Wisconsin	116	352	16.9
Region VI	145	1,254	33.6
Arkansas	14	104	53.6
Louisiana	19	208	18.8
New Mexico	24	84	50.9
Oklahoma	5	27	9.2
Texas	83	831	42.0
Region VII	396	1,387	24.4
Iowa	44	300	26.3
Kansas	74	343	35.4
Missouri	191	505	19.1
Nebraska	87	239	25.5
Region VIII	184	794	36.7
Colorado	64	255	33.3
Montana	61	146	33.3
North Dakota	12	129	69.7
South Dakota	21	150	57.7
Utah	14	86	20.9
Wyoming	12	28	27.7
Region IX	851	1,474	20.4
Arizona	25	112	37.0
California	762	1,286	19.2
Hawaii	59	56	31.6
Nevada	5	20	66.7
Region X	210	946	35.1
Alaska	14	68	57.1
Idaho	21	76	28.6
Oregon	64	361	44.7
Washington	111	441	29.3

Table 38

Number of CRFs Reporting Readmissions, the Number of Readmissions, and the Percent of Mentally Retarded Residents That Are Readmissions (United States, July 1, 1976-June 30, 1977, 96% CRFs Reporting)

Region/State	CRFs Reporting	Readmissions	
		N	%
U.S. Total	4,254	1,354	2.3
Region I	346	63	1.6
Connecticut	51	21	2.3
Maine	46	21	3.3
Massachusetts	154	18	1.0
New Hampshire	17	1	1.0
Rhode Island	14	1	0.6
Vermont	64	1	0.5
Region II	235	46	1.2
New Jersey	83	12	1.5
New York	156	34	1.1
Region III	402	71	1.0
Delaware	5	1	1.3
Dist. of Columbia	2	0	0
Maryland	26	1	0.3
Pennsylvania	309	51	0.9
Virginia	51	12	2.4
West Virginia	9	6	10.7
Region IV	419	199	3.5
Alabama	15	4	2.9
Florida	170	50	2.1
Georgia	31	9	2.9
Kentucky	17	9	1.0
Mississippi	13	12	3.4
North Carolina	72	5	0.9
South Carolina	24	7	2.4
Tennessee	77	103	11.8
Region V	1,053	379	2.1
Illinois	142	154	2.6
Indiana	42	11	2.3
Michigan	459	151	3.8
Minnesota	174	27	0.9
Ohio	122	24	1.0
Wisconsin	114	12	0.6
Region VI	148	182	4.9
Arkansas	16	2	0.9
Louisiana	18	12	1.2
New Mexico	24	19	11.5
Oklahoma	4	1	0.5
Texas	86	148	7.0
Region VII	398	105	1.8
Iowa	42	4	0.4
Kansas	76	17	1.7
Missouri	193	70	2.6
Nebraska	87	14	1.5
Region VIII	184	36	1.7
Colorado	64	10	1.3
Montana	61	3	0.7
North Dakota	12	10	5.4
South Dakota	21	5	1.9
Utah	14	2	0.5
Wyoming	12	6	5.9
Region IX	853	150	2.1
Arizona	25	4	1.3
California	764	143	2.1
Hawaii	59	3	1.7
Nevada	5	0	0
Region X	212	123	4.5
Alaska	14	6	5.0
Idaho	21	3	1.1
Oregon	64	50	6.2
Washington	113	64	4.2

Table 39

Number of CRFs Reporting Live Releases, the Number of Life Releases, and the Percent of Mentally Retarded Residents That Are Live Releases (United States, July 1, 1976-June 30, 1977, 96% CRFs Reporting)

Region/State	CRFs Reporting	Live Releases	
		N	%
U.S. Total	4,250	9,297	15.6
Region I	344	549	14.5
Connecticut	51	164	17.8
Maine	46	133	21.1
Massachusetts	152	211	12.0
New Hampshire	17	12	12.0
Rhode Island	14	17	10.3
Vermont	64	12	5.5
Region II	240	570	14.3
New Jersey	84	108	13.7
New York	156	462	14.5
Region III	400	1,138	16.7
Delaware	5	2	2.5
Dist. of Columbia	2	12	30.0
Maryland	26	45	12.0
Pennsylvania	307	956	16.6
Virginia	51	33	18.7
West Virginia	9	23	50.0
Region IV	419	1,045	18.2
Alabama	15	58	42.3
Florida	170	340	14.5
Georgia	31	62	20.3
Kentucky	17	186	20.2
Mississippi	13	38	10.7
North Carolina	72	49	9.2
South Carolina	24	34	11.9
Tennessee	77	278	31.9
Region V	1,053	2,262	12.7
Illinois	142	677	11.6
Indiana	42	104	21.7
Michigan	459	478	12.0
Minnesota	174	446	14.4
Ohio	122	281	11.9
Wisconsin	114	276	13.5
Region VI	148	820	21.4
Arkansas	16	58	27.0
Louisiana	18	114	11.3
New Mexico	24	56	21.8
Oklahoma	5	12	3.3
Texas	85	600	28.9
Region VII	297	843	14.9
Iowa	42	123	11.2
Kansas	76	189	19.2
Missouri	192	388	14.6
Nebraska	87	143	15.3
Region VIII	184	409	18.9
Colorado	64	141	18.4
Montana	61	44	10.0
North Dakota	12	62	33.5
South Dakota	21	110	42.3
Utah	14	39	9.5
Wyoming	12	13	12.9
Region IX	853	1,049	14.5
Arizona	25	55	18.2
California	764	963	14.4
Hawaii	59	20	11.3
Nevada	5	9	30.0
Region X	212	612	22.6
Alaska	14	51	42.9
Idaho	21	17	6.4
Oregon	64	247	30.6
Washington	113	297	19.6

Table 40

Number of CRFs Reporting Deaths, the Number of Deaths, and the Percent of Mentally Retarded Residents That Are Deaths (United States, July 1, 1976-June 30, 1977, 97% CRFs Reporting)

Region/State	CRFs Reporting	Deaths	
		N	%
U.S. Total	4,287	612	1.0
Region I	344	30	0.8
Connecticut	51	11	1.2
Maine	46	7	1.1
Massachusetts	152	6	0.3
New Hampshire	17	3	3.0
Rhode Island	14	0	0
Vermont	64	3	1.4
Region II	240	19	0.5
New Jersey	84	6	0.8
New York	156	13	0.4
Region III	404	83	1.2
Delaware	6	3	3.4
Dist. of Columbia	2	0	0
Maryland	26	0	0
Pennsylvania	310	72	1.2
Virginia	51	8	1.6
West Virginia	9	0	0
Region IV	420	44	0.8
Alabama	15	0	0
Florida	170	16	0.7
Georgia	31	4	1.3
Kentucky	17	11	1.2
Mississippi	13	1	0.3
North Carolina	72	6	1.1
South Carolina	24	1	0.4
Tennessee	78	5	0.6
Region V	1,057	200	1.1
Illinois	142	70	1.2
Indiana	42	10	2.1
Michigan	461	50	1.3
Minnesota	174	21	0.7
Ohio	123	43	1.8
Wisconsin	115	6	0.3
Region VI	150	24	0.6
Arkansas	16	2	0.9
Louisiana	18	4	0.4
New Mexico	25	1	0.6
Oklahoma	5	3	0.8
Texas	86	14	0.7
Region VII	424	75	1.3
Iowa	42	27	2.5
Kansas	102	9	0.8
Missouri	193	29	1.1
Nebraska	87	10	1.1
Region VIII	183	20	0.9
Colorado	64	7	0.9
Montana	61	3	0.7
North Dakota	12	2	1.1
South Dakota	20	2	0.8
Utah	14	6	1.5
Wyoming	12	0	0
Region IX	853	86	1.2
Arizona	25	4	1.3
California	764	81	1.2
Hawaii	59	1	0.6
Nevada	5	0	0
Region X	212	31	1.1
Alaska	14	5	4.2
Idaho	21	2	0.8
Oregon	64	17	2.1
Washington	113	7	0.5

Table 41

Previous Placement of First Admissions in CRFs
(United States, July 1, 1976-June 30, 1977, 95% CRFs Reporting)

Region/State	Total	Home	Foster	Institution	CRF	Other
U.S. Total	14,765	4,779	1,415	5,172	2,174	1,225
Region I	1,149	294	90	543	153	69
Connecticut	234	87	39	74	19	15
Maine	220	80	13	78	32	17
Massachusetts	593	102	21	355	88	27
New Hampshire	33	10	7	10	1	5
Vermont	31	2	10	7	9	3
Rhode Island	38	13	0	19	4	2
Region II	1,029	316	110	449	125	29
New Jersey	195	64	24	80	21	6
New York	834	252	86	369	104	23
Region III	1,523	494	172	544	186	127
Delaware	16	9	1	5	0	1
Maryland	83	19	1	33	13	17
Pennsylvania	1,173	366	151	404	158	94
Virginia	196	76	17	79	13	11
West Virginia	46	20	1	19	2	4
Washington, D.C.	9	4	1	4	0	0
Region IV	1,769	660	123	665	149	172
Alabama	87	0	0	15	0	72
Florida	590	224	74	181	59	52
Georgia	71	22	3	39	3	4
Kentucky	161	71	13	49	18	10
Mississippi	294	65	13	175	32	9
North Carolina	107	33	4	46	9	15
South Carolina	72	16	1	45	10	0
Tennessee	387	229	15	115	18	10
Region V	3,785	1,250	393	1,227	614	299
Illinois	1,069	410	33	340	192	94
Indiana	220	82	25	62	28	23
Michigan	855	150	208	309	129	59
Minnesota	879	297	90	289	163	40
Ohio	457	179	31	132	56	59
Wisconsin	303	132	6	95	46	24
Region VI	1,193	451	91	450	141	60
Arkansas	104	58	17	25	3	1
Louisiana	204	49	7	104	11	33
New Mexico	84	18	4	44	17	1
Oklahoma	23	6	0	14	0	3
Texas	778	320	63	263	110	22
Region VII	1,248	329	94	432	277	116
Iowa	250	102	9	81	16	42
Kansas	331	80	8	106	124	13
Missouri	469	110	60	159	92	48
Nebraska	198	37	17	86	45	13
Region VIII	772	301	59	230	135	47
Colorado	246	91	10	68	55	22
Montana	139	27	13	62	20	17
North Dakota	128	73	5	47	2	1
South Dakota	148	74	22	37	13	2
Utah	84	24	9	6	40	5
Wyoming	27	12	0	10	5	0
Region IX	1,394	457	217	321	181	218
Arizona	112	49	4	35	19	5
California	1,207	395	199	247	156	210
Hawaii	56	2	13	34	6	1
Nevada	19	11	1	5	0	2
Region X	905	227	66	311	213	88
Alaska	68	31	0	15	21	1
Idaho	75	12	1	51	5	6
Oregon	338	76	51	108	31	72
Washington	424	108	14	137	156	9

In comparison with movement in and out of CRFs, most persons released from state operated facilities have been mildly and moderately retarded. The largest population, about 25% of persons were returned to parents and close relatives, with the remainder being placed into a variety of alternative living arrangements (Scheerenberger, 1976). Increasingly, persons being released from public institutions are being placed in a variety of smaller community living arrangements (Sigford & Bruininks, 1979).

It should be noted that over 50% of the community facilities reported no movement into or movement out of their facilities during the 12 months covered by the survey. In other words, there were no first admissions, no readmissions, no live releases, and no deaths in approximately one-half of the CRFs.

As shown in Figure 13, the largest single previous placement for residents was from public institutions (35%), with natural/adoptive homes following closely with 32%. The previous placement of residents in community facilities is of interest in examining the factual aspects of deinstitutionalization; that is, where the institutional population is being placed and at what rate. Within certain states such as California, South Dakota, Arkansas, and Iowa, placement into community residences was largely from natural and adoptive homes rather than institutions (see Table 41).

Of the 48% reporting placement of released mentally retarded residents, the natural and adoptive home were the single most frequent placement (24.3%), as shown in Table 42. Public institutional placement (15.9%) and independent living (14.7%) were the second and third most common placement, respectively.

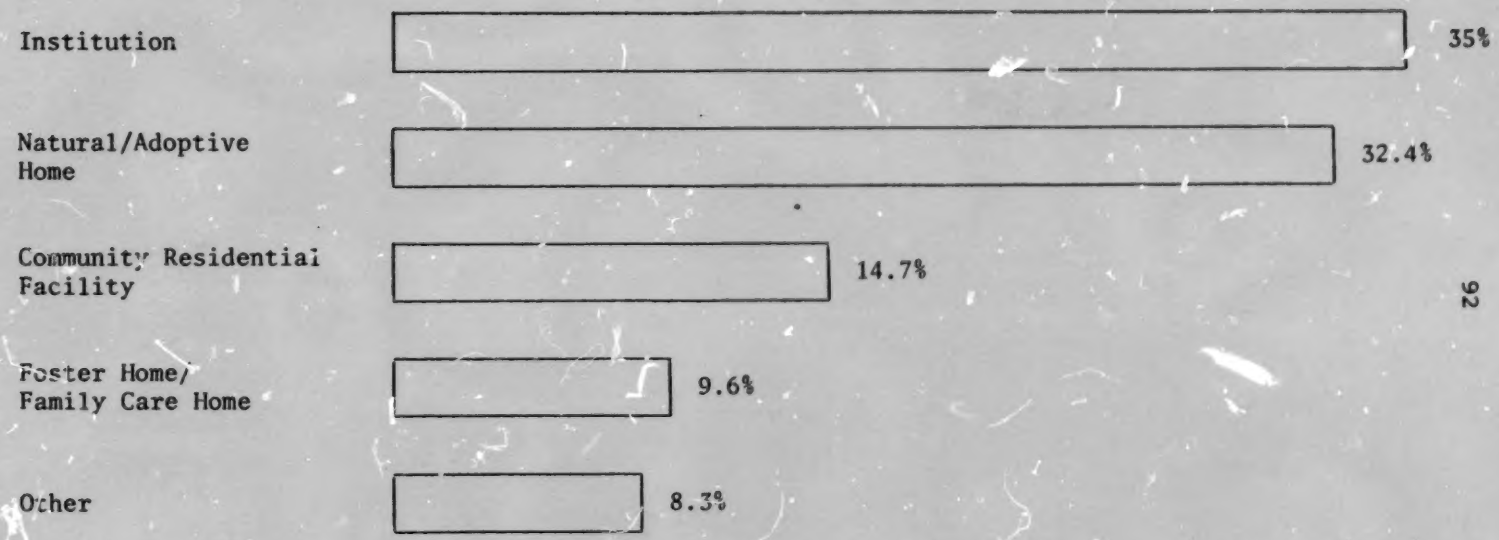

Figure 13. Previous placement of first admissions. (United States, 1977, 95% CRFs Reporting)

Table 42

Placement of Residents Released from CRFs
(United States, July 1, 1976-June 30, 1977,
48% CRFs Reporting)

Released Placement	N	%
Natural/Adoptive Home	1,417	24.3
Institution	928	15.9
Independent Living	861	14.7
Group Home/Hostel	534	9.1
Foster Home/Family Care Home	417	7.1
Supervised Apartment	390	6.7
Nursing Home	298	5.1
Other	275	4.7
Boarding Home	135	2.3
Halfway House	112	1.9
Unknown	88	1.5
Community ICF-MR	79	1.4
Correctional Facility	79	1.4
Work Placement	67	1.1
County Home	14	0.2
Total	5,843[a]	97.4

[a]Sub-items may not add up to total due to the fact that some facilities could not give exact placement, only the number released.

Admission requirements. When asked about admission requirements, 55% of the facilities stated that their minimum accepted age was 18 years or older. Over 72% of the CRFs stated they had no maximum age a person could remain in their facility. At the time of the study, 62% of the mentally retarded residents were 21 years or older.

Respondents were also asked if their facility would accept severely or profoundly mentally retarded residents. Over half of the CRFs (2,424) stated that they would accept severely or profoundly mentally retarded residents. As of June 30, 1977, 32% of the residents in community based residences were identified as severely or profoundly retarded.

Family visits. The question, "Approximately what percent of your residents have family visits at least once a year?" was answered by 46% of the facility respondents.

In 459 (22%) reporting facilities, all of the residents received at least one family visit a year. In 176 (9%) of the reporting facilities, residents received no visits at all (see Figure 14). On the average, 63% of the residents had family visits at least once during the year. Unfortunately, the study did not obtain other information pertaining to the frequency of family visits, such as, the number of residents that had living relatives, how far from the facility the family lived, or length of time the resident had lived at home. It was not possible to assess this information since data were collected at the facility level.

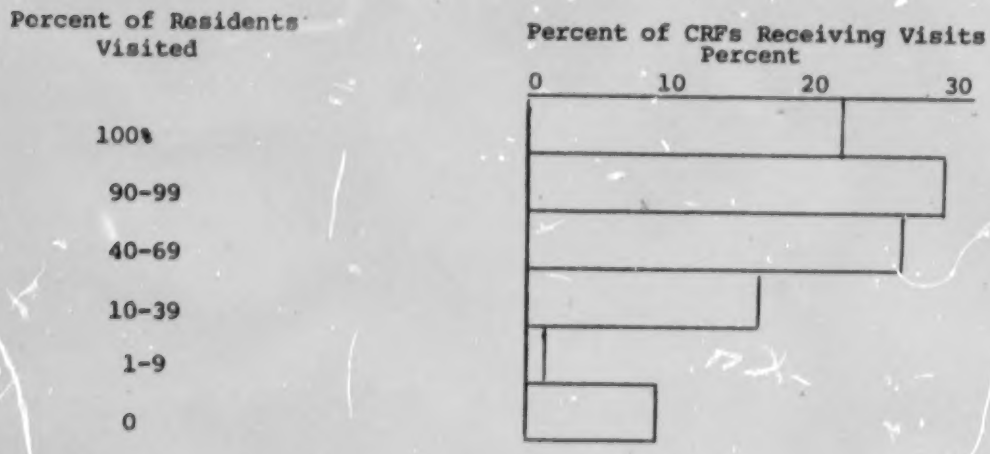

Figure 14. Percent of family visits in CRFs (United States, 1977, 46% CRFs Reporting)

IV. SUMMARY AND DISCUSSION

Over the past several years there has been a significant movement toward providing community residential services for mentally retarded and other developmentally disabled people. The national survey of CRFs described in this report was conducted to document this trend and to provide state and federal decision makers with current information about the kinds of licensed residential services available to retarded persons throughout the United States. A national mail questionnaire was determined to be the most appropriate means for obtaining current information about the kinds of residential services available to retarded individuals as of June 30, 1977.

The questionnaire focused on the facility or home and its mentally retarded residents. It included information on: (a) the general characteristics of facilities such as location, size, ownership, type, and reimbursement rates, and (b) basic demographic information on residents such as age, level of retardation, and movement trends.

The survey included all facilities and homes which met the following definition of a CRF:

Any community based living quarter(s) which provides 24-hour, 7 days-a-week responsibility for room, board, and supervision of mentally retarded persons as of June 30, 1977 with the exceptions of: (a) single family homes providing services to a relative; (b) nursing homes, boarding homes and foster homes that are not formally state licensed or contracted as mental retardation service providers; and (c) independent living (apartment) programs which have no staff residing in the same facility.

This definition encompassed different residential program types such as group homes, ICF-MR, residential schools, and supervised apartments as reported to us by state licensing agencies. There is no standard classification system for the wide range of residential facilities which serve mentally retarded persons.

A variety of sources were contacted to develop a complete list of all eligible facilities serving mentally retarded people. (a) all State Mental Retardation Coordinators, (b) State Developmental Disabilities Councils, (c) State Associations for Retarded Citizens, (d) Administrators of Public and Private Residential Facilities, (e) the National Association of Private Residential Facilities, (f) licensing agencies, (g) individuals or agencies listed as contacts in past reports of Developmental Disabilities Office Annual Surveys of Institutions, and (h) the 1973 National Center for Health Statistics Master Facility Inventory of Inpatient Facilities for Mentally Retarded and the 1977 update.

The initial mailing started on August 19, 1977 to 10,271 facilities. In order to insure that all facilities on the original list were contacted, three mail follow-up inquiries and a telephone follow-up were conducted. Due to the large number of multiple systems (a single ownership which operates more than one facility), additions of facilities were made to the mailing list throughout the survey. The survey was completed on April 28, 1978 with a total number of 11,351 facilities and homes. Of the total number surveyed, 5,038 met the definition for a Community Residential Facility. After four follow-ups, 611 (12%) of the CRFs did not participate, resulting in a response rate of 87.9%.

The trend toward deinstitutionalization and the development of community services for mentally retarded people has been substantially verified by the results of this survey. The number of CRFs found in this study far exceeded the number reported by previous surveys in the early 1970s (Baker, Seltzer, & Seltzer, 1974; O'Connor & Sitkei, 1975). Between 1973 and 1977 this study found that the number of facilities in the 1970s had doubled in number. In our judgment this phenomenal increase in community facilities is due to several important influences: (a) changes in practice stimulated by legislation, court action, and revisions in service philosophy; (b) the comprehensive methods used to identify facilities in compiling the registry and to the broad definition of CRFs employed in this survey; and (c) the practices in the fields of mental health and mental retardation resulting in the release of thousands of mentally retarded people from state operated institutions (Bassuk & Gerson, 1978; Lakin, 1979).

Wide variations were found among states in facility sizes and in the extent to which small community living arrangements are used to serve mentally retarded people. The majority of facilities were small, most of them serving five to ten mentally retarded residents. Private nonprofit organizations operated over one-half of the facilities.

Since it is unlikely that there is great disparity in the prevalence of mental retardation among states, there must be other reasons for the differential numbers of mentally retarded persons being served in community based programs. The differences in practice across states probably reflect variations in human service delivery systems and the extent to which extensive emphasis has been placed upon development of community based residential services for mentally retarded persons. Another possibility is that in certain

states relatively more mentally retarded persons are served in generic facilities such as nursing homes, county homes, or boarding homes. These differences could also reflect case-finding differences among states. Additional information is needed on state policies and other influences contributing to the pattern and growth of community living arrangements.

Over one-half of the facilities reported a stable population with no admissions or releases during the period of July 1, 1976 to June 30, 1977. Substantial changes were noted in the populations of CRFs in the year prior to the survey. Over 700 new facilities were developed and over 16,000 newly admitted people were reported. Even excluding recently developed facilities, the annual new admissions approached 17% of the resident population.

According to Gross (1978) there are "at least five different cost reporting approaches which have been used in the area of determining the cost of alternative living environments for the elderly and mentally retarded" (p. 136). Given a mail survey format of collecting cost data, the advantages of the average per person method seemed to match the needs of the 1977 National Survey of CRFs. Facilities were asked to provide the per diem rate of reimbursement received for providing services. This question provided information on the cost of residential services to a government source of reimbursement such as the state, region, or county unit responsible for providing services. As noted by Gross, however, this approach has the disadvantage of often excluding other sources of revenue provided by the resident, the family, government agencies, and other nonprofit organizations.

Nationally the average cost reimbursement for residential care was $15.70 per day per resident. This figure included cost for room, board, attendant care, and personal items. To date, comprehensive studies of the cost of care

provided by community residential facilities have been rare (Wieck, 1979). Scheerenberger (1978a) reported an average per day per resident cost of $44.23 for 226 public residential facilities reporting during the same time period of this survey. However, several factors contribute to the difference in rates between publicly operated and community facilities: the size of facilities, the services provided and covered by the per diem, the type of resident served, the staffing pattern, the geographic location of the facility, and whether or not capital costs are included in the figures. Generally CRFs do not provide daytime activities or medical support services, while PRFs are likely to include more extensive services as part of the cost of care.

Cost comparison studies among different types of facilities are very difficult to design and conduct due to the variations in accounting practices and in the variables included in the statistics. In the few comparative studies that have been completed, the total cost difference of care between services in CRFs in their study and public facilites is not large. Mayeda and Wai (1975) conducted a cost analysis of long term care for developmentally disabled persons and concluded that the costs of services in public facilities did not differ significantly from the true costs of services in CRFs if it was assumed both types of facilties provided a complete array of needed services either in the facility or through resources of other agencies in the community. The apparent lower cost of care in CRFs resulted in part from usage rates for services in communities due to supply, demand, and case management practices. Therefore, caution must be exercised in interpretation and comparisons of the national cost figures from any survey.

Severity of retardation and age of clients served in CRFs varied across states; however, the most frequently identified resident in the nation was the

young moderately or mildly retarded adult. In contrast, over 75% of the residents in PRFs were classified as severely or profoundly retarded (Scheerenberger, 1978a; Developmental Disabilities Project on Residential Services and Community Adjustment, 1979). This study also revealed that a significant number of severely handicapped persons are being served in community based facilities and that newly admitted residents were as likely to come from the natural home as from a state institution. Based upon available information, future releases from public facilities to CRFs are expected to be more severely and multiply handicapped people.

The findings reported here represent initial groundwork in understanding the current residential service system and the impact of deinstitutionalization as a public policy on mentally retarded people. The premises of deinstitutionalization as an articulated public policy would suggest growth of relatively small community living arrangements. Data reported in this survey documented this expected increase in the development of CRFs and strongly support this assumption implicit in the policy of deinstitutionalization.

There are now a variety of residential models available to mentally retarded persons. The number and types of alternatives, such as group homes, sheltered care homes, and supervised apartments are growing, and thus, potential alternatives exist for more mentally retarded people. Should the patterns of recent years continue, it is reasonable to identify several possible trends and important policy issues:

(1) Population characteristics. Examination of data from this survey plus those conducted recently of public institutions (Krantz, Bruininks, & Clumpner, 1978; Scheerenberger, 1978b) lead to the prediction that new admissions to CRFs from public facilities will be increasingly more severely

and multiply handicapped. This factor poses challenges for programming, community services, financing, and residential service models.

(2) Personnel management. Problems in the recruitment, preparation, and retention of personnel are not likely to abate dramatically in the very near future. Increases in pay scales, work shift patterns, and opportunities for career advancement seem necessary to assure a well qualified cadre of personnel. Moreover, community facilities need administrators who have a firm grasp of personnel management practices. Addressing these factors will likely lead to increased public cost.

(3) Funding. Problems in funding represent an important national issue. The dominant impression gained from comments of facility administrators is that funding is often inadequate, and policies are confusing and complex. There is need to develop, at both the state and national levels, funding for community residential services that reinforces values implicit in the policy and philosophy of deinstitutionalization, that achieves continuity and stability, and that is sufficient in amount to assure adequate quality of care.

The inverse relationship that exists between size of facility and availability and amount of funding clearly works at cross-purposes with the intent of current public policies. While community based, decentralized service models may not be more expensive than publicly operated facilities, it is equally true that they are not cheap and inexpensive.

(4) Services. Deficient community support services is a commonly cited problem in mental health studies and in studies of services for retarded people (Bassuk & Gerson, 1978; Bruininks, Williams, & Morreau, 1979; Scheerenberger, 1978a). Frequent mention is given to the lack of community support services in studies of recidivism of institutional residents (Bachrach, 1977;

Heal, Sigelman, & Switsky, 1978; Scheerenberger, 1978). Problems in case management, nonvocational social development and recreational services, mental health, employment services, and increased support to families are among several key areas in need of improvement. Increased funding and time of human services personnel are needed to achieve improvement in the continuity and coordination of community support services. Part of the initial licensing process for residential facilities should place considerable emphasis on assuring availability of community support services as is required in the licensing practices of many states.

(5) Regulation and interagency relationships. Considerable frustration is expressed by operators of facilities over the time consuming and often redundant activities involved in initial licensing and compliance with existing regulations. While monitoring is essential to assure quality of service, the complaints and examples cited by administrators in this area strongly emphasize the importance of improving coordination of effort across agencies with regulatory responsibilities. The most problematical issue is one of assuring quality of care in a highly decentralized and rapidly expanding area of service. Improvements in practice and expansion of research is clearly needed in the area of quality assurance and monitoring, and in defining the factors that contribute to personal development for mentally retarded people in residential care settings.

(6) Systems of growth. Results of this survey clearly documented phenomenal growth in the development of CRFs. Much of this growth is in small living arrangements, often accomplished and managed through systems of centralized management. Use of centralized system approaches to management is likely to increase. While such approaches may reduce overall administrative

costs and improve coordination of services, they may also introduce greater regimentation, reduce experimentation, and result in renewed pressures to increase the size of facilities for economic reasons.

It is often tempting for a recitation of problems to overshadow indications of progress. Clear and dramatic changes have occurred in recent years in the scope, nature, and pattern of residential services available to retarded and other developmentally disabled people. Sustaining this pattern of growth and improving the quality of services, however, may depend upon effectively responding to the problems cited by administrators in managing community residential services.

The current study provides a basis upon which future research can examine in greater depth residential placement and related service issues for mentally retarded and other developmentally disabled people. The methodological approach used in this study, that is, a mail survey with phone follow-up, can effectively monitor trends in residential services on a national scale through the collection of data from facility administrators. Based upon the experience of this survey, however, such studies should employ simple highly focused and a very limited number of questions to assure sufficient return and reliability of responses. Finally, to evaluate trends and problems in residential services at both the state and national level, it is necessary that the federal government continue a program of regular surveys of facilities and state practices.

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APPENDIX A

Long Form Questionnaire

1977 NATIONAL SURVEY OF RESIDENTIAL FACILITIES

Supported by a grant (54-P-71173/5-01) from the Developmental Disabilities Office, Office of Human Development of the U.S. Department of Health, Education and Welfare.

RETURN COMPLETED QUESTIONNAIRE TO:

Developmental Disabilities Project
on Residential Services and Community Adjustment

207 Pattee Hall
150 Pillsbury Drive S.E.
University of Minnesota
Minneapolis, Minnesota 55455
(612) 376-5283

SECTION A – IDENTIFICATION OF FACILITY

1. **Is the NAME AND MAILING ADDRESS shown in the label above correct for your facility?**

   1 ☐ Yes – Go to Question 2.
   2 ☐ No – Please enter correct information

2. **Enter TELEPHONE NUMBER of your facility**

   Area Code _____ Number _____

3. **Enter the COUNTY your facility is in** _____

CORRECT NAME AND MAILING ADDRESS

Name _____

Number, Street _____

P.O. Box, Route, Etc. _____

City or Town _____

State _____ Zip Code _____

GENERAL INSTRUCTIONS

PLEASE ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BLANKS. If your answer is **None**, put a "0" in the appropriate space. If a question does not apply to your facility, please indicate that it is **Not Applicable** and put "NA" in the appropriate space.

If you receive more than one set of questionnaires for your facility, COMPLETE ONE QUESTIONNAIRE ONLY AND PLEASE RETURN ALL DUPLICATES.

Include in this questionnaire information for the facility on the mailing label only. If your facility is a branch or has branches or parts at a different address, report only for those units at the address on the label.

SECTION B – FACILITY INFORMATION

4. **Does your facility or home provide 24-hour, 7 days-a-week responsibility for room, board and supervision for mentally retarded persons?**

1 ☐ Yes 2 ☐ No

If no, please describe which of the above services your facility or home does not offer. _____

5. a. **Who operates your facility?** *(Check one)*

01 ☐ Individual
02 ☐ Partnership
03 ☐ Corporation
04 ☐ Church related
05 ☐ State
06 ☐ Region
07 ☐ County
08 ☐ City
09 ☐ Assn. for Retarded Citizens (ARC)
10 ☐ Family
☐ Other *(specify)* _____

b. **Is your facility a member of a group of facilities operating under one general ownership?**

1 ☐ Yes 2 ☐ No

If yes, please attach the name and address(es) of all facilities operating under this ownership.

c. **This facility is operated for:** *(Check one)*

1 ☐ Profit 2 ☐ Non-profit

6. a. **Which of the following classifications best describes your facility?** *(Check one)*

01 ☐ Foster Home/Family Care Home
02 ☐ Group Home/Hostel
03 ☐ Halfway House
04 ☐ Boarding Home
05 ☐ Sheltered Care Home
06 ☐ Supervised Apartment
07 ☐ Residential School
08 ☐ Regional Center
09 ☐ Nursing Home
10 ☐ Institution
☐ Other *(specify)* _____

b. **Is your facility licensed under this classification?**

1 ☐ Yes 2 ☐ No

7. **What kind of community is your facility located in?** *(Check one)*

1 ☐ Rural (farm/nonfarm)
2 ☐ Small town (less than 2,500)
3 ☐ Town or city (2,500 - 49,999)
4 ☐ Suburb of town or city
5 ☐ Large city (50,000 - 249,999)
6 ☐ Suburb of large city
7 ☐ Major city (250,000 or more)
8 ☐ Suburb of a major city

8. **When did your facility accept its first mentally retarded resident at its current address?** _____ Year

9. **Please indicate the admission requirements for your mentally retarded residents.**

a. **Age of resident:**

1. Minimum age accepted? _____
2. Maximum age accepted? _____
3. Maximum age a person may remain in your facility? _____

b. **Sex of resident:** *Check only one*

1. Males only accepted? ☐
2. Females only accepted? ☐
3. Both males and females accepted? ☐

c. **Other requirements:**

	Yes	*No*
1. Do you accept residents who are not toilet trained?	1 ☐	2 ☐
2. Do you accept residents who cannot walk?	1 ☐	2 ☐
3. Do you accept residents with behavioral problems?	1 ☐	2 ☐
4. Must the resident be able to participate in training programs?	1 ☐	2 ☐
5. Must the resident be capable of being employed?	1 ☐	2 ☐
6. Must the resident be able to understand the spoken word?	1 ☐	2 ☐
7. Do you accept severely or profoundly mentally retarded residents?	1 ☐	2 ☐

8. List other requirements _____

_____

10. **Approximately what percent of your current mentally retarded residents have been living here:**

		Percent
a.	Less than 6 months	_____
b.	7-12 months	_____
c.	1-4 years	_____
d.	5-10 years	_____
e.	More than 10 years	_____
	Total	100%

11. a. **How many resident living units** ***(self-contained units including sleeping, dining and activity areas)*** **do you have in your facility?** _____

b. **Please indicate the number of resident living units which have capacity for:**

1. 0-3 residents _____
2. 4-8 residents _____
3. 9-15 residents _____
4. 16-24 residents _____
5. 25-32 residents _____
6. 33+ residents _____

12. **As of June 30, 1977, what is your:**

a. Licensed *(rated)* bed capacity . . . . . _____
b. Total number of respite care beds . . . . . _____
c. Total number of residents *(exclude respite care)* . . . . . _____
d. Total number of mentally retarded residents *(exclude respite care)* _____

1. Male . . . . . _____
2. Female . . . . . ~~135~~

SECTION C – RESIDENT INFORMATION

13. Please list the Total Present Population of your facility by chronological age and level of retardation as of June 30, 1977. *(Exclude respite care)*

Level of Retardation	Chronological Age																			
	0-2	3-4	5-9	10-14	15-19	20-21	22-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-62	63-64	65-69	70-74	75-79	80+	TOTAL
Not Retarded																					
Borderline																					
Mild																					
Moderate																					
Severe																					
Profound																					
Unknown																					
TOTAL																					

14. Please list the New Admissions that you received from July 1, 1976 – June 30, 1977 by chronological age and level of retardation. *(Exclude respite care)*

Level of Retardation	Chronological Age																			
	0-2	3-4	5-9	10-14	15-19	20-21	22-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-62	63-64	65-69	70-74	75-79	80+	TOTAL
Not Retarded																					
Borderline																					
Mild																					
Moderate																					
Severe																					
Profound																					
Unknown																					
TOTAL																					

15. Please indicate the number of mentally retarded residents who were classified during July 1, 1976 – June 30, 1977 as follows:

Number

a. _____ Deaths
b. _____ Discharges *(formal release)*
c. _____ Readmissions
d. _____ Unsuccessful trial placements into your facility lasting 30 days or less *(exclude respite care)*

---

16. Please indicate the previous placement of the mentally retarded residents you admitted for the first time from July 1, 1976 – June 30, 1977.

Number

a. _____ Independent Living
b. _____ Natural/Adoptive Home
c. _____ Foster Home/Family Care Home
d. _____ Group Home/Hostel
e. _____ Halfway House
f. _____ Boarding Home
g. _____ Supervised Apartment
h. _____ Community ICF-MR
i. _____ Correctional Facility
j. _____ County Home
k. _____ Work Placement
l. _____ Nursing Home
m. _____ Institution
n. _____ Unknown
o. _____ Other *(specify)* _____
p. _____ Total

(Institution here includes: state institution, residential school, center, regional center, state and county mental hospital.)

---

17. Please indicate where your mentally retarded residents were placed who have left your facility between July 1, 1976 – June 30, 1977.

Number

a. _____ Independent Living
b. _____ Natural/Adoptive Home
c. _____ Foster Home/Family Care Home
d. _____ Group Home/Hostel
e. _____ Halfway House
f. _____ Boarding Home
g. _____ Supervised Apartment
h. _____ Community ICF-MR
i. _____ Correctional Facility
j. _____ County Home
k. _____ Work Placement
l. _____ Nursing Home
m. _____ Institution
n. _____ Unknown
o. _____ Other *(specify)* _____
p. _____ Total

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(Institution here includes: state institution, residential school, center, regional center, state and county mental hospital.)

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18. Please indicate the number of mentally retarded residents with additional handicapping conditions:

Number

a. _____ Blind
b. _____ Deaf
c. _____ Epilepsy
d. _____ Cerebral palsy
e. _____ Behavior disorder
f. _____ Autistic-like
g. _____ Two or more handicapping conditions in addition to mental retardation *(include persons counted above)*

19. Please indicate the number of mentally retarded residents with the following limitations:

Number

a. _____ Cannot walk without assistance
b. _____ Cannot dress without assistance
c. _____ Cannot eat without assistance
d. _____ Cannot understand the spoken word
e. _____ Cannot communicate verbally
f. _____ Are not toilet trained

20. How many of your adult residents do you believe would be *(or have been)* judged legally incompetent? _____

21. For how many mentally retarded residents at your facility have you written individualized program plans? _____

22. Approximately what percentage of your residents have parental visits at least once a year? _____ %

23. a. Check which of the following services are available to your mentally retarded residents.
b. If a service is available, check whether it is used by your residents.
c. Check who provides the service.

Type of Service	a. Available to residents		b. Used by residents		c. Provider of services	
	Yes	No	Yes	No	Your Facility	Other Agency
1. Educational Classes (under 18 years)						
2. Educational Classes (over 18 years)						
3. Vocational Classes						
4. Sheltered Employment						
5. Other Structured Daytime Activity						
6. Case Manager						
7. Information and Referral						
8. Mental Health Counseling						
9. Medical Treatment						
10. Dental Treatment						
11. Nursing Services						
12. Transportation						
13. Recreational/Social Programs						
14. Guardianship						
15. Legal Services						
16. Personal Advocacy						
17. Rehabilitative Services (P.T., O.T.)						
18. Rehabilitative Services (Speech and Hearing)						
19. Other *(specify)*						

SECTION D – ADMINISTRATIVE INFORMATION

24. Please enter below the present number of employees and the total number of hours per week they work in your facility. *(Houseparents may report no more than 16 hrs. each per day.)* **Also enter the number of persons hired by contract** *(in addition to employed positions).*

Occupations	a. Number of Employees	b. Total Number of Hours Per Week	c. Number of Contracted Persons
1. Administrators/Directors			
2. Houseparents (max. 16 hrs. each per day)			
3. Other Direct Care Staff (e.g., staff counselors, relief staff)			
4. Physicians			
5. Dentists			
6. Registered Nurses			
7. Licensed Practical Nurses			
8. Dieticians and Nutritionists			
9. Psychologists			
10. Psychiatrists			
11. Social Workers (MSW)			
12. Social Workers (BA)			
13. Occupational Therapists & Assts.			
14. Speech Therapists & Audiologists			
15. Physical Therapists & Assts.			
16. Recreation Therapists			
17. Teachers and Teachers' Aides			
18. Other Professional & Technical Personnel (e.g., pharmacists)			
19. Kitchen workers, Laundry, Housekeeping, Maintenance			
20. All other personnel (e.g., secretary, bus driver, etc.)			
21. Volunteers			
22. Others *(specify)*			
23. Total			

25. a. Please indicate the primary staffing arrangement for Direct Care Staff in your facility: *(Check one)*

1 ☐ Staff live-in
2 ☐ Staff work 8-hour shift
3 ☐ Staff work split-shift patterns
4 ☐ Staff visit, but are not usually present

b. During July 1, 1976 – June 30, 1977, how many of your Direct Care Staff resigned or otherwise left your facility? _____

26. Check the type(s) of license or certification(s) your facility holds that are issued by a state or municipal agency or department.

1 ☐ Building codes
2 ☐ Fire regulations
3 ☐ Health regulations
4 ☐ Program requirements
5 ☐ Staffing
6 ☐ None
7 ☐ Other *(specify)* _____

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27. **Is your facility or a distinct unit of your facility certified ICF-MR (Medicaid Title XIX)?**

1 ☐ Yes 2 ☐ No

a. **How many certified ICF-MR beds does your facility have?** _____

b. **How many certified SNF beds does your facility have?** _____

---

28. a. **Is your facility accredited by the Joint Commission on Accreditation of Hospitals (JCAH)?**

1 ☐ Yes 2 ☐ No

b. **List any other accreditation(s) your facility holds** _____

_____

---

29. **For this question, please report information for the time period between July 1, 1976 – June 30, 1977. If information is for a different 12-month period than this, indicate the time period used:**

Beginning Date: ___/___/___ (month / day / year) Ending Date: ___/___/___ (month / day / year)

a. **What was your average per diem** *(per day)* **cost?** . . . . . .$ _____

b. **What was your facility's Total Operating Expenses?** . . . . . .$ _____

c. **How much of the above total expenses were:**

1. **Personnel expenses** *(include fringe benefits and contracted staff)* . . . . . .$ _____
2. **Other operating expenses** . . . . . .$ _____
3. **Depreciation** *(if available)* . . . . . .$ _____

d. **In addition to your operating expenses, how much did you spend for major remodeling, new construction and major repairs?** . . . . . .$ _____

---

30. **What do you consider are the major problems in operating and maintaining your facility?** *(Check as many as apply)*

01 ☐ Inadequate funds
02 ☐ Lack of community supportive services
03 ☐ Attitude of community toward residents
04 ☐ Difficulty of finding qualified staff
5 ☐ Staff training and development
06 ☐ Difficulty of maintaining the staff
07 ☐ Developing individualized program plans
08 ☐ Certification and/or licensing
☐ Other *(specify)* _____

_____

Suggestions/Comments/Explanatory Notes:

APPENDIX B

Endorsement Letter

National Association of Private Residential Facilities
for the Mentally Retarded

6269 Leesburg Pike, Suite B-5
Falls Church, Virginia 22044

Area Code 703 / 536-3311

May 30, 1977

Dear NAPRFMR Member:

We are writing to encourage your participation in a national mail survey of residential facilities being conducted by the University of Minnesota this summer. The study will collect general information through a mail questionnaire on facility and resident characteristics from all residential facilities serving mentally retarded people in the nation. The survey form has been successfully used on a pilot basis in many private facilities.

The information obtained will be provided to NAPRFMR to assist us in our efforts to improve residential and related services for mentally retarded people. When evaluated with the data collected drom our own survey in 1974, it should provide an indication of current trends in the provision of private residential services. It should also be useful to you in advocating for your own program.

Because we believe this survey will provide the Association with information useful for improving our services to developmentally disabled people, we are urging your participation and cooperation.

Sincerely,

Joni Fritz

Joni Fritz
Executive Director

JF:pc

APPENDIX C

Pre-letters

a. HEW
b. Project Director letter

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF THE SECRETARY
WASHINGTON, D.C. 20201

Office of Human Development

Dear Administrator:

We recognize that completing the attached questionnaire of the University of Minnesota's survey of residential facilities requires a small investment of your time, but we believe that the information derived from it will be of value to all who are concerned with the advancement of services for mentally retarded and other developmentally disabled persons. We are writing to encourage your cooperation because there is a genuine need for accurate information about current trends in residential placement.

A national reporting program on residential services for mentally retarded persons has been conducted on an annual basis in the United States for more than fifty years. In 1968, the Developmental Disabilities Office of the U.S. Department of Health, Education, and Welfare, assumed responsibility for collecting and publishing this information. We have confined the focus of the annual survey to publicly administered residential facilities. Today, however, new trends in the delivery of residential services have made it necessary to gather information on a growing number of alternative residential programs. We have funded the University of Minnesota to conduct a survey of residential services which will provide this needed information.

Your facility is one of many important residential programs offered in this country. Since it is important to have all types of residential services represented in examining public policy, I again urge your cooperation with this survey. Its success will provide much needed and, before now, unavailable information in the rapidly expanding area of residential services for mentally retarded and other developmentally disabled persons.

Sincerely yours,

Marjorie H. Kirkland

Marjorie H. Kirkland
Acting Director
Developmental Disabilities Office

DEVELOPMENTAL DISABILITIES
PROJECT ON RESIDENTIAL SERVICES AND COMMUNITY ADJUSTMENT

101 Pattee Hall
150 Pillsbury Drive SE
University of Minnesota
Minneapolis, Minnesota 55455
(612) 376-5283

Dear Director:

As you know, over the past several years there has been a significant movement toward providing community residential services for mentally retarded and other developmentally disabled people. Unfortunately, current information on the trends and status of the residential service system is presently not available.

The Developmental Disabilities Office of the U.S. Department of Health, Education and Welfare (HEW) has approved a project to gather information nationwide about the present status of residential services for retarded people. Your state has given us a list of residential facilities and residential service providers on which your home or facility appeared. In the next few weeks you and every other residential program in the nation will be receiving a questionnaire in the mail. The data gathered from these questionnaires will be summarized to reveal how many mentally retarded people are living in community residential programs and what services they need and are receiving. Questionnaires are also being completed by each institution in the U.S. This information should lead to an improved service system and better planning for new community programs.

This project has received the full support of the National Association for Retarded Citizens and the President's Committee on Mental Retardation. The national status of residential services for mentally retarded children and adults is an important concern for all of us. We request that you take time to complete the questionnaire when it comes so that this study will accurately reflect the current residential service system across the country. We will be sending you a summary of the results. Thank you for your interest.

Sincerely,

Robert H. Bruininks

Robert H. Bruininks, Ph.D.
Project Director

RHB/sel

Enc.

Dr. Robert H. Bruininks, Project Director. Department of Psychoeducational Studies, College of Education.

APPENDIX D

Cover Letter

DEVELOPMENTAL DISABILITIES
PROJECT ON RESIDENTIAL SERVICES AND COMMUNITY ADJUSTMENT

101 Pattee Hall
150 Pillsbury Drive S.E.
University of Minnesota
Minneapolis, Minnesota 55455
(612) 376-5283

Dear Director:

As you recall from our recent letter, the Developmental Disabilities Project on Residential Services and Community Adjustment is conducting a study of all residential programs for mentally retarded people throughout the United States under a grant from the Department of Health, Education and Welfare. The purpose of this survey is to obtain current information about what kinds of residential services are available to retarded individuals.

There is a genuine need for accurate information about residential homes and facilities serving mentally retarded people and your cooperation is needed. Information that you provide in this questionnaire will be treated with strict confidence and summarized in ways which ensure that your individual facility cannot be identified. It will be used to help state and federal policy makers advance the quality of services for mentally retarded persons and clarify many residential program issues. You will receive a summary of the survey results. This information may be of direct value to you in gaining financial support and other forms of assistance for your own residential program.

You may know that accurate listings of residential facilities are not available in many states, but with the excellent cooperation we have received from state agencies, Associations for Retarded Citizens, and others, we feel that our mailing list includes every residential facility for mentally retarded children and adults. However, if you know of a facility that we missed, or if you were included inappropriately, please return the questionnaire with a note letting us know.

Two copies of the questionnaire have been enclosed. If some of the words used on the questionnaire do not exactly fit your home or facility, please interpret them only as they apply to you. Complete and return one form as soon as you can in the enclosed pre-addressed envelope. The other copy is for your own records.

If there are any questions or problems concerning items in the questionnaire, please write or call collect at (612) 376-5283.

Thank you very much for your help and interest.

Cordially,

Robert H. Bruininks

Robert H. Bruininks, Ph.D.
Project Director

Dr. Robert H. Bruininks, Project Director. Department of Psychoeducational Studies, College of Education.

APPENDIX E

New York Cover Letter

LAWRENCE C. KOLB, M.D.
COMMISSIONER

ROBERT A. McKINLEY, M.D.
FIRST DEPUTY COMMISSIONER

THOMAS A. COUGHLIN III
DEPUTY COMMISSIONER
FOR MENTAL RETARDATION

STATE OF NEW YORK
DEPARTMENT OF MENTAL HYGIENE
DIVISION OF MENTAL RETARDATION
44 HOLLAND AVENUE
ALBANY, N. Y. 12229

MEMORANDUM

August 25, 1977

TO: Chiefs of Community Service
Developmental Centers

FROM: Thomas A. Coughlin

SUBJECT: Developmental Disabilities Project on Residential Services and Community Adjustment

Enclosed are survey forms from the National Developmental Disabilities Project on Residential Services and Community Adjustment. This project is being conducted by the University of Minnesota. The project directors have been in contact with us in setting up the survey and I feel that the data which this program will provide will be extremely valuable to you and to the Division in administering our current community residence program and, more importantly, in planning our future efforts in this area.

Because of the relative complexity of some of the information requested and our desire for an accurate and complete response, I am requesting that members of your community service staff assist the family care providers in completing these forms. This could probably be accomplished on the monthly case management visit to each home.

You will note that the address labels which were made up by the University were taken from the March 31 printout of family care homes. Some minimal updating may be necessary. Therefore, if you receive a form for a family care home which is no longer in operation, please return that form noting that the home has been closed. We are also enclosing a blank form. This should be Xeroxed and utilized for any family care homes which have been added since 3/31/77.

Please return all of the survey forms from your facility at one time ensuring that they are properly completed and all of the currently operating family care homes are represented.

If you have any questions, please call Mrs. Cora Hoffman of my staff at 474-2720.

Thank you in advance for your cooperation in this undertaking. I realize it is yet another piece of unwanted work, but I really believe the data we obtain will be worth the effort.

enclosures

cc: Brad Hill, U. of Minnesota
Peter Magazu
Regional Directors
MR Specialists, Regional Offices

APPENDIX F

Mail Follow-up Procedures

a. postcard
b. letter to large facilities (50+)
c. project newsletter with cover letter
d. postcard with short form questionnaire

Dear Director:

Recently we mailed you a questionnaire asking for your participation in our nationwide survey on residential services for the mentally retarded.

If you have already returned the questionnaire, please consider this card a "Thank You" for your valuable help.

If you have not had a chance to do so as yet, may we ask you to fill out and return the completed questionnaire as soon as possible. Your participation is vital to the success of our survey.

DEVELOPMENTAL DISABILITIES
PROJECT ON RESIDENTIAL SERVICES AND COMMUNITY ADJUSTMENT

DEVELOPMENTAL DISABILITIES
PROJECT ON RESIDENTIAL SERVICES AND COMMUNITY ADJUSTMENT

101 Pattee Hall
150 Pillsbury Drive S.E.
University of Minnesota
Minneapolis, Minnesota 55455
(612) 376-5283

You recently received a questionnaire which is part of a national survey being conducted by the Developmental Disabilities Project on Residential Services and Community Adjustment under a grant from the Department of Health, Education and Welfare. Your residential facility has a relatively large number of residents and we realize that for you, the completion of our questionnaire will take some time and effort.

This survey replaces some others you have received in the past and will provide information for federal agencies that formulate policies affecting residential services. Early returns have uncovered a number of concerns and issues that must be brought to the attention of these agencies. Since the value of the survey rests on the completeness of our results, the information from your program is most important to us. Please be assured that your responses will be held strictly confidential. No individual facility will be identified in any of our reports.

We appreciate your help. If you have any questions about the questionnaire or about the project in general, feel free to call Brad Hill or Mary Kudla collect at (612) 376-5283. You will receive a summary of the survey results as soon as the questionnaires are all in and data can be processed, hopefully by February.

Again, thank you for your help.

Sincerely,

Robert H. Bruininks, Ph.D.
Project Director

RHB/sel

Dr. Robert H. Bruininks, Project Director. Department of Psychoeducational Studies, College of Education.

DEVELOPMENTAL DISABILITIES PROJECT
ON RESIDENTIAL SERVICES
AND COMMUNITY ADJUSTMENT

NEWSLETTER

Volume 1, Number 1 Fall 1977

Does this picture represent the living environment of the average residential facility for mentally retarded? An accurate profile of residential programs depends on completion of the enclosed questionnaire. Send in your survey today!

NATIONWIDE SURVEY OF RESIDENTIAL PROGRAMS UNDERWAY

According to the 1976 President's Committee on Mental Retardation Report, "Where a person lives is the foundation on which his utilization of developmental and supportive services must rest." In search of accurate information about the general characteristics and current trends in residential services, the University of Minnesota has received funding from the Department of HEW to conduct a national survey of residential programs for the mentally retarded.

The purpose of the survey is to determine the number and types of existing programs, the staffing patterns, the age and degree of retardation of the residents as well as current concerns and practices.

Special efforts are being made to insure input from every facility. Every participating program will receive a summary of the findings. The results will be used for planning and improvement of residential programs and the national policy goal of deinstitutionalization. Completion of this survey should reduce the number of requests for information by other agencies.

Thus far, returned surveys indicate that residential programs face similar problems in funding, regulations and staff development.

In the future, this Project plans to investigate the utilization of developmental and supportive services by obtaining detailed information on community adjustment, service needs and physical/behavioral characteristics of the residents.

RESIDENTIAL REGISTRY COMPLETED

During the past several months, the Project staff conferred with several agencies to construct a registry of residential programs for the mentally retarded. The registry indicates that the majority of states have fewer than 100 residential programs. The table below summarizes the number of residential programs found in each state.

NUMBER OF PROGRAMS

1 – 50

Alabama
Alaska
Arizona
Arkansas
District of Columbia
Georgia
Idaho
Indiana
Iowa
Louisiana
Maryland
Mississippi
Nevada
New Hampshire
New Mexico
North Dakota
Oklahoma
Rhode Island
South Carolina
South Dakota
Utah
Virginia
West Virginia
Wyoming

51 – 100

Colorado
Connecticut
Delaware
Hawaii
Maine
Montana
North Carolina
Vermont

101 – 150

Nebraska
Oregon
Tennessee

151 – 200

Kansas
Massachusetts
Minnesota
New Jersey
Texas
Wisconsin

201 – 250

Flordia
Kentucky
Washington

401 – 1,000

Illinois
Ohio
Pennsylvania
Missouri

OVER 1,000

California
Michigan
New York

RECENT RESEARCH FINDINGS

In the August 1977 edition of *Mental Retardation,* Scheerenberger and Felsenthal interviewed 75 former residents of Wisconsin public residential facilities to determine the residents' impressions and attitudes about community placement. In general, the residents:

- preferred community living over their former residence in public residential facilities.
- had formed new friendships within and outside their home.
- had money to spend and the freedom to do so as they wished.
- were enrolled in adult activity programs, but desired regular employment in the future.

PUBLICATIONS OF INTEREST

Books

Balthazar, E.E. *Training the Retarded at Home or in School: A Manual for Parents, Teachers and Home Trainers.* Published by Consulting Psychologists Press, Inc. 577 College Avenue, Palo Alto, CA 94306.

O'Connor, G. *Home Is a Good Place.* Published by the American Association on Mental Deficiency, 5201 Connecticut Avenue, N. W., Washington, D.C. 20056. $9.95.

Sontag, E. *Educational Programming for the Severely and Profoundly Handicapped.* Published by the Division on Mental Retardation of the Council for Exceptional Children, 1834 Meetinghouse Road, Boothwyn, PA 19061. $12.95.

Articles

Berkiansky, H. A., & Parker, R. Establishing a group home. *Mental Retardation,* August 1977, *15* (4), pp 8-11.

Conroy, J. W. Trends in deinstitutionalization. *Mental Retardation,* August 1977, *15* (4), pp. 44-46.

Scheerenberger, R. C., & Felsenthal, D. Community settings for mentally retarded persons. *Mental Retardation,* August 1977, *15* (4), pp 3-7.

Pamphlets

Kugel, R. B., & Shearer, A. *Changing patterns in residential services for the mentally retarded.* $4.45.

Superintendent of Documents
U.S. Government Printing Office
Washington, D. C. 20402

HUD programs that can help the handicapped. FREE

HUD
Office for Independent Living for Disabled
Room 9224
451 Seventh Street
Washington, D. C. 20410

Section 504 regulations pertaining to non-discrimination on the basis of handicap in federally funded programs. FREE.

HEW Office of Civil Rights
Room 5410
330 Independence Avenue, S. W.
Washington, D.C. 20201

Summary of selected 1975-1976 Federal Legislation relating to the handicapped. $.70.

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

The Developmental Disabilities Project on Residential Services and Community Adjustment is supported by a grant (54-P-71173/5-01) from the Developmental Disabilities Office, Office of Human Development, Department of Health, Education and Welfare.

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101 Pattee Hall
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Photo Credit: Louis Costanzo, St. Cloud State University

DEVELOPMENTAL DISABILITIES
PROJECT ON RESIDENTIAL SERVICES AND COMMUNITY ADJUSTMENT

101 Pattee Hall
150 Pillsbury Drive S.E.
University of Minnesota
Minneapolis, Minnesota 55455
(612) 376-5283

Dear Director:

Several weeks ago your residential facility or home received a questionnaire from the Developmental Disabilities Project on Residential Services and Community Adjustment. We would like to thank you if you have already returned your questionnaire.

In case you were away or too busy to complete the questionnaire before, we would be most grateful if you would do so now. It is possible that our original request went astray in the mail or was misplaced. We have enclosed another copy of the questionnaire and a self-addressed envelope for your convenience. The information you provide will be kept confidential.

No other project has even attempted to gather information about every public and community residential program. Right now it is impossible even to say how many group homes or other residential facilities there are in the U.S. or what their residents' needs are. Your help is very important, both for the basic data you provide and for your opinions as to what problems there are related to licensing, funding and other matters. You will receive a summary of the results of this study. This information should be valuable to you in pointing out the needs for additional services for retarded people.

If you have any questions or desire clarification on any aspect of the survey, please call Mary Kudla or Brad Hill collect at (612) 376-5283. Many thanks for you help in this survey.

Sincerely,

Robert H. Bruininks

Robert H. Bruininks, Ph.D.
Project Director

DEVELOPMENTAL DISABILITIES
PROJECT ON RESIDENTIAL SERVICES AND COMMUNITY ADJUSTMENT

To insure that every residential home and facility is represented in this survey, we are contacting you again. Our earlier request asked you to complete a rather long questionnaire. We are now requesting that you complete a shorter questionnaire to provide information needed by state and federal agencies to improve the residential service system.

TO INSURE THAT YOU ARE INCLUDED

1. Check a category on the post card that fits you and tells us why we haven't heard from you. Detach and mail the postcard today.

2. Enclosed is a short form of the original questionnaire that contains the most important information we need. We request that you fill out and return it to us. It is important we receive information from every residential program in the United States.

. DETACH AND MAIL POSTCARD . . . DETACH AND MAIL POSTCARD . . . DETACH AND MAIL POSTCARD . . . DETACH AND MAIL POSTCARD . . .

Please check and return immediately

_____ I have already returned your questionnaire.

_____ I am working on the questionnaire and will send it within a week.

_____ The short questionnaire (enclosed) looks manageable and I'll be sending it soon.

_____ I am no longer in business.

_____ My home or facility doesn't serve mentally retarded.

. . . DETACH AND MAIL POSTCARD . . . DETACH AND MAIL POSTCARD . . . DETACH AND MAIL POSTCARD . . . DETACH AND MAIL POSTCARD

1977 NATIONAL SURVEY OF RESIDENTIAL FACILITIES

Supported by a grant (54-P-71173/5-01) from the Developmental Disabilities Office, Office of Human Development of the U.S. Department of Health, Education and Welfare.

RETURN COMPLETED QUESTIONNAIRE TO:

Developmental Disabilities Project
on Residential Services and Community Adjustment

207 Pattee Hall
150 Pillsbury Drive S.E.
University of Minnesota
Minneapolis, Minnesota 55455
(612) 376-5283

SECTION A – IDENTIFICATION OF FACILITY

1. **Is the NAME AND MAILING ADDRESS shown in the label above correct for your facility?**

   1 ☐ Yes – Go to Question 2.
   2 ☐ No – Please enter correct information

2. a. **Enter TELEPHONE NUMBER of your facility**

   Area Code _____ Number _____

   b. **Enter TELEPHONE NUMBER of Administrative offices if different from the facility**

   Area Code _____ Number _____

3. **Enter the COUNTY your facility is in** _____

CORRECT NAME AND MAILING ADDRESS

Name _____

Number, Street _____

P.O. Box, Route, Etc. _____

City or Town _____

State _____ Zip Code _____

GENERAL INSTRUCTIONS

PLEASE ANSWER ALL QUESTIONS. DO NOT LEAVE ANY BLANKS. If your answer is **None**, put a "0" in the appropriate space. If a question does not apply to your facility, please indicate that it is **Not Applicable** and put "NA" in the appropriate space.

If you receive more than one set of questionnaires for your facility, COMPLETE ONE QUESTIONNAIRE ONLY AND PLEASE RETURN ALL DUPLICATES.

Include in this questionnaire information for the facility on the mailing label only. **If your facility is a branch or has branches or parts at a different address, report only for those units at the address on the label.**

IF YOUR FACILITY DOES NOT SERVE MENTALLY RETARDED, PLEASE CHECK HERE AND RETURN THE QUESTIONNAIRE. ☐

SECTION B – FACILITY INFORMATION

4. Does your facility or home provide 24-hour, 7 days-a-week responsibility for room, board and supervision for mentally retarded persons?

1 ☐ Yes 2 ☐ No

If no, please list which of the above services your facility or home does not offer. _____

_____

_____

_____

5. a. Who operates your facility? *(Check one)*

01 ☐ Individual
02 ☐ Partnership
03 ☐ Corporation
04 ☐ Church related
05 ☐ State
06 ☐ Region
07 ☐ County
08 ☐ City
09 ☐ Assn. for Retarded Citizens (ARC)
10 ☐ Family
☐ Other *(specify)* _____
_____

b. Is your facility a member of a group of facilities operating under one general ownership?

1 ☐ Yes 2 ☐ No

If yes, please attach the name and address(es) of all facilities operating under this ownership.

c. This facility is operated for: *(Check one)*

1 ☐ Profit 2 ☐ Non-Profit

---

6. a. Which of the following classifications best describes your facility? *(Check one)*

01 ☐ Foster Home/Family Care Home
02 ☐ Group Home/Hostel
03 ☐ Halfway House
04 ☐ Boarding Home
05 ☐ Sheltered Care Home
06 ☐ Supervised Apartment
07 ☐ Residential School
08 ☐ Regional Center
09 ☐ Nursing Home
10 ☐ Institution
☐ Other *(specify)* _____
_____
_____

b. Is your facility licensed under this classification?

1 ☐ Yes 2 ☐ No

c. Is your facility or a distinct unit of your facility certified Intermediate Care Facility for the Mentally Retarded (ICF-MR)?

1 ☐ Yes 2 ☐ No

---

7. Please indicate the admission requirements for your mentally retarded residents.

a. Minimum age accepted? _____
b. Maximum age a person may remain in your facility? _____

	Yes	*No*
c. Do you accept severely or profoundly mentally retarded residents?	1 ☐	2 ☐

8. **As of June 30, 1977, what is your:**

a. Licensed (rated) bed capacity . . . . . _____
b. Total number of residents *(exclude respite care)* . . . . . _____
c. Total number of mentally retarded residents *(exclude respite care)* . . . _____

1. Male *(mentally retarded)* . . . . . _____
2. Female *(mentally retarded)*. . . . . _____

9. **Please write the number of your mentally retarded residents according to level of retardation as of June 30, 1977.**

Level of Retardation	Number
Borderline	
Mild	
Moderate	
Severe	
Profound	
Unknown	
Total *(should = number given in 8c.)*	

10. **Please write the number of your mentally retarded residents according to chronological age as of June 30, 1977.**

Age	Number
0-4	
5-9	
10-14	
15-21	
22-39	
40-62	
63+	
Total *(should = number given in 8c.)*	

11. **Please indicate the number of mentally retarded residents who were classified during July 1, 1976 – June 30, 1977 as follows:**

Number

a._____Deaths
b._____Discharges *(formal release)*
c._____Readmissions

12. a. **Please indicate the number of mentally retarded residents who were classified as New Admissions during July 1, 1976 – June 30, 1977.**

_____ Number

b. **Please indicate the previous placement of these New Admissions.**

Number

a._____Natural/Adoptive Home
b._____Foster Home/Family Care Home
c._____Institution
d._____Community Residential Facility (e.g., Group Home/Boarding Home, etc.)
e._____Other *(specify)*
f._____Total *(should = number given in 12a.)*

13. **When did your facility or home accept its first mentally retarded resident at its current address?**

_____ Year

14. **What was your average per diem *(per day)* cost per resident?**

$ _____

APPENDIX G

Phone Follow-up Procedures

a. phonescript #1
b. level of retardation chart
c. development of chart
d. phonescript #2

Special Phone Follow-up of nonresponding facilities with more than 75 mentally retarded residents

I.

state_____

type facility_____

ID#_____

phone#_____

respondent's name_____

II.

1. Hello. I'm_____from_____
2. We sent out a questionnaire about residential programs for retarded people.

	yes	no	comments
3. Did you get one?			
4. May I speak to whoever did get it?			
5. We are working on a national project aimed at learning more about residential programs besides institutions...			
6. Do you have the questionnaire handy?			
7. Do you meet our definition?			
serve MR people			
24 hr/7 day per week			
responsibility			
8. Are you having trouble filling the questionnaire out?			
9. Do you need more time?			
10. Are there certain questions that give you problems? (You can leave out_____			
11. Do the best you can. We will be getting back to you.			

III. Did the respondent have complaints/comments/suggestions?

IV. Ideas on things to do or change.

I.D.# _____ Date _____ I.Q. _____ Estimate of level _____ (from informant)

Birthdate _____ School/Residence _____ Test _____

Sex _____ _____ Test Date _____ Estimate of level _____ (from chart)

1 + 2	3 + 4	5 + 6	7 + 8	9-12	13-15	16+
						MILD Eats with care, appropriate grooming Can use money, prepare simple meal Reads, writes, carries on everyday conversation
					MILD Prepares simple foods, Dresses well & selects clothing, Can read sentences or short paragraph, uses complex verbal concepts	MODERATE Prepares simple foods, Dresses well & selects cloth. Reads sentences Can do household chores with minimal direction
				MILD Feeds, baths & dresses self (may select cloth.) Carries on conversation, beginning reading skill Good body control	MODERATE Toilet trained, dresses without help, Communicates in short sentences Can help with simple household tasks.	SEVERE Toilet trained, dresses without help Communicates in short sentences Can help with simple household tasks.
			MILD Dresses without Rides bike, throws ball fairly accurately Follows directions	MODERATE Dresses without help Rides bike, throws ball fairly accurately Follows directions	SEVERE Toilet trained with few accidents, Dresses with minimal help Follows simple directions Walks up stairs.	PROFOUND Partially toilet trained Needs help with self-care Walks up stairs Uses single words and gestures to communicate needs.
		MILD Dresses except for buttons Rides trike Tells first & last name	MODERATE Dresses with help Rides trike Tells first and last name	SEVERE Dresses with help, uses toilet if reminded, Rides trike, plays simple games with others	PROFOUND Dresses with help, uses toilet if reminded Rides trike May use simple phrases or single words	
	MILD Uses spoon with spilling Walks up steps Combines 2 words	MODERATE Feeds self with spoon with spilling Walks up steps Combines 2 words	SEVERE Not toilet trained Walks up stairs Combines 2 words uses phrases	PROFOUND Not toilet trained, Walks well Communicates needs with gestures		
MILD Sits alone Reaches for object Responds to voice	MODERATE Walks alone Tries to feed self with spoon Uses single words	SEVERE Drinks from cup Walks well Vocabulary of more than 5 words	PROFOUND Drinks from cup cooperates with feeding Walks well Vocabulary of more than 5 words			
MODERATE Sits with support, head steady Cooperates with feeding	SEVERE Walks holding on Finger feeding Imitates speech sounds	PROFOUND Finger feeding Walks holding on One or two words				
	PROFOUND Sits alone Reaches for objects Responds to voice					

AN EXPERIMENTAL INSTRUMENT TO DETERMINE LEVEL OF RETARDATION OF RESIDENTS OF FACILITIES SURVEYED IN NATIONAL MAIL SURVEY

Rationale

In the National Mail Survey of residential facilities for mentally retarded persons, an item was included to assess the level of retardation of residents in these facilities. In 100 cases, due to lack of knowledge or inadequate records, however, respondents were unable to provide this information. Rather than record no information in these cases, the level of retardation chart was used in making an assessment of the residents' level of retardation based on certain common behavioral functions.

Development

The chart was developed to determine a resident's level of retardation based on his/her chronological age and characteristic behavior. Several age categories (1-2; 3-4; 7-8; 9-12; 13-15; 16+) were designated and behaviors characterstic of four levels of retardation were devised for each age leve. Behaviors chosen for use at each level were based on several developmentla inventories as well as the AAMD Manual on Classification and Terminology (Grossman, 1973) and discussion with individuals knowledegeable in the area of mental retardation. An attempt was made to choose one gross motor behavior, one language behavior and one indipendent living behavior at each level of retardation and age. The resulting chart and instructions for use of the chart and for scoring are attached.

Validity

In order to determine the validity of the instrument, it was administered to 38 subjects ranging in age from eight months to 47 years. Subjects were drawn from public schools or community residences in the twin cities area and ranged from severe to borderline in level of retardation.

A Pearson Product Moment correlation coefficient was calculated for the level of retardation according to the chart (1=profound; 2=severe; 3=moderate; 4=mild; 5=borderline) and IQ as of last test on file. Four subjects were dropped from this analysis for lack of IQ score. The correlation between level of retardation and IQ was .76. A correlation between the respondent's estimate of the subjects level of retardation and IQ was also calculated. This correlation was .80 .

2/1/78

Telephone Script for Complete Phonebacks of Short Form

1. Hello. May I speak with the Director, Coordinator, Operator (HI), (name on questionnaire) or the person in charge of this facility home?

   If yes, go onto #2.
   If no, ask for the telephone number of the Director and the time to call back.

2. This is (phoner's name) from the University of Minnesota with the 1977 National Survey of Residential Facilities or National Study of Facilities/ Homes serving the Mentally Retarded.

   Several weeks ago, we sent your facility (home) a questionnaire. We are conducting a study of all residential programs for the mentally retarded people throughout the United States under a grant from the Department of Health, Education and Welfare.

   The purpose of this study (survey) is to obtain information about what kinds of residential services are available to retarded individuals (to gather information about every public and community residential program). Right now, it is impossible even to say how many group homes or other residential facilities there are in the United States. Your help and cooperation is very important, both for the basic data you provide and for your opinions as to what problems there are.

   A listing of all residential facilities and homes was obtained from your state (State Mental Retardation Coordinator).

   First of all, the information you provide is treated with strict confidence and summarized to ensure that your individual facility (home) cannot be identified. The information will be used to help state and federal policy makers improve the services for the mentally retarded persons.

   It is not possible with certainty to assure you that the information from this or any other survey will directly benefit individual programs for the mentally retarded and other developmentally disabled people. However, we are quite confident that the results of this survey will be used to improve funding as well as the state and federal policies that affect your program and many others. This is the only project currently operating in the country which is designed to present a national picture of residential facilities and homes for mentally retarded people. Its reports will be submitted to federal funding agencies in preparation of budget requests to the Congress. We are also confident that many states will be able to use the information to improve policies and to prepare necessary budget requests in their particular states.

   The aim of the project is to provide this information in an attempt to cut some of the red tape that now exists and to promote quality residential programs.

   You will receive a summary of the survey results in early summer. We can also send you some information about our project now if you want (Project Newsletter).

3. Is your address (address on questionnaire)?

If yes, go onto #4.
If no, ask for the correct Mailing Address or Administrative Office address.

Note: If you come across a multiple facility, get information for each facility on separate short forms.

Note: Also, write the name of the respondent on the cover page if different from the label address.

Sequence of Questions

4, 8, 5, 6, 7, 9, 10, 11, 12, 13, 14

Question-by-Question Objectives

4. Does your facility or home provide 24-hour, 7 days-a-week responsibility for room, board and supervision for mentally retarded persons?

The purpose of this question is to determine whether the facility is eligible for the survey. If the facility does not "meet" the definition, note on a problem sheet and write out why the facility does not meet the definition on the questionnaire.

The following facilities are not eligible:
1. All residents always leave the facility for the weekend
2. Staff just visits
3. No mentally retarded residents

Facilities with residents in day programs, school work activities, etc are eligible (facility is still responsible for them).

5.a. Who operates your facility/home? or What type of ownership operates your facility/home?

If husband and wife operate, check (10) family.
If individual vs. family, check (10) family.
If corporation and church related, check (04) church related.
If (05) state, (06) region, or (07) county, note on problem sheet.

5.b. Reworded: Is this the only facility operated by _____?

5.c. This facility is operated for:

If respondent does not know if profit or nonprofit, ask if they have a federal tax exemption status and note response on problem sheet.

6.a. NOTE: This question is reworded.

What is your facility or home licensed as?

If not licensed, what is your facility certified (approved, regulated) as? (Note if certified) If neither: How would you best describe your facility or home?

(i.e., How is it operated? What is the staffing arrangement? Number of residents? Size of facility? Note comments.)

If Supervised Apartment, ask respondent: What is the primary staffing arrangement of your Direct Care Staff?

1. Staff live-in
2. Staff work 8 hour shift
3. Staff work split-shift patterns
4. Staff visit, but are not usually present

If Nursing Home, ask if the facility is ICF-MR certified (question 6.c.). If the facility is not, discontinue the survey.

If license or certification given does not match categories 01 through 10, write in response for "other, specify" and note on problem sheet.

No facility should have a (08) Regional Center or (10) Institution license.

6.b. Is your facility licensed under this classification?

Includes regulations and certifications.

6.c. Is your facility or a distinct unit of your facility certified Intermediate Care Facility for the Mentally Retarded (ICF-MR)?

ICF-MR is a certification given by the state to specifically serve mentally retarded persons. If the respondent does not know what it is, assume they don't have it.

This question is asked only if the facility is licensed as a nursing home. Note on problem sheet if any other type of facility states they are ICF-MR.

7. NOTE: This question is reworded.

a. Do you have a minimum age you accept mentally retarded people into your facility or home?

If yes, What is it?
If no, put a "horizontal line" in the answer space.

b. Is there a maximum age a person may remain in your facility or home?

If yes, What is it?
If no, put a "horizontal line" in the space.

c. Same as on questionnaire.

AS OF JUNE 30, 1977

8.a. Licensed (rated) bed capacity?

If the facility or home has no licensed bed capacity ask:
How many people can you serve without increasing staff or size of the facility? or: How many people are you allowed to take? or: How many will you take?

c. What is the total number of MR residents? or: Are all of your residents mentally retarded? If not, How many are?

9. As of June 30, 1977, how would you classify your mentally retarded residents according to level of retardation? or: Of the (No.) of MR residents, how many are classified as borderline? mild? moderate? severe? profound?
If respondent doesn't know level, use Heber's IQ classification.
If respondent doesn't know IQ classification and total number of residents is 6 or less, use attached functional classification. Ask for ages first.

10. As of June 30, 1977, how would you classify your mentally retarded residents according to age?
Either tally individual ages or ask: How many MR residents were between the ages of 0-4, 5-9, 10-14, etc.. Note minimum age accepted (# 10).

11. Between July 1, 1976 and June 30, 1977, how many of your mentally retarded residents:
a. Died
b. Left the facility/home
c. Were admitted who were previous residents under your care?

12.a. Between July 1, 1976 and June 30, 1977, how many mentally retarded residents were admitted for the first time into your facility/home?

12.b. Where did these new admissions come from? (List options if unsure of the coding.)

13. What year did your facility or home accept its first mentally retarded resident at its current address?
Get the date of the current address, not the date the program may have begun.
If the facility opened in 1977, ask the month.

14. What is your average per diem (per day) cost per resident? or: Can you tell me how much money you receive for (room and board), (cost of care)? Do you receive any other money? or: How much are you reimbursed per month for each resident?
Do not include personal spending money.

THANK YOU FOR YOUR TIME AND COOPERATION! 170

APPENDIX H

State Abbreviations

States and Abbreviations

Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NE
Arizona	AZ	Nevada	NV
Arkansas	AR	New Hampshire	NH
California	CA	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NY
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	Utah	UT
Maine	ME	Vermont	VT
Maryland	MD	Virginia	VA
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY
Missouri	MO		